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ABSTRACT

The study, which followed 12 children referred for evaluation at age 3 on entry into kindergarten or in the early elementary grades, reports the first 2 years of a longitudinal study of the implementation of P.L. 94-142, the Education for All Handicapped Children Act. An introductory chapter addresses organization of the report, background of the study, characteristics of the community (a suburb near Boston, Massachusetts), characteristics of the sample, and research method. Chapter II discusses the focus of the study--the role played by the provisions of the law, the modifications imposed on the law by local education agency staff, and the adaptations fashioned by both staff and parents to make the law effective for individual children. Chapter III considers findings on factors affecting initial adaptations in terms of child characteristics and family characteristics (parents' relationship with each other, with the handicapped child, with other family members, and with the service community). Chapter IV examines the ways in which the adaptation process relates to the formulation of individualized education programs (IEPs). Eight federal and state regulated areas of IEP development are identified: scheduling of the IEP document or meeting; parent participation; meeting participants; IEP content; the diagnostic program; notice to parents, parent response, and requests for independent evaluation; IEP implementation; and liaison, monitoring, and IEP review. The effects of the first year of service in the areas of academic progress, social relationships, and affect and self image are discussed in a fifth chapter. A sixth and final chapter reviews findings on four concepts underlying the law (parent-school partnership, individualization, integration of handicapped and nonhandicapped children, and advocacy for children's rights) which influence adaptation. A list of criteria for compliance with federal and Massachusetts IEP regulations is appended. (SB)

The Huron Institute

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THE HURON STUDY OF THE QUALITY
OF EDUCATIONAL SERVICES PROVIDED
TO HANDICAPPED CHILDREN FROM
THE PERSPECTIVE OF THE CHILD,
THE FAMILY, AND SCHOOL PERSONNEL

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Final Report

Project No. 487AH80010 78-29
Contract No. 300 - 78 - 0465

FINAL REPORT OF FINDINGS

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Robert O. Mathews

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U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Office of Education
Bureau of Education for the Handicapped

Final Report

Project No. 497AH80010 78-29
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FAMILY, AND SCHOOL PERSONNEL

December 31, 1980

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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Bureau of Education for the Handicapped

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Grand Rounds members included: Betsy Anderson, Federation of Children with Special Needs; Anthony Bryk, a research methodologist at the Huron Institute; Lawrence Kotin, a lawyer prominent in the field of special education; Mary Kennedy, also of the Huron Institute and formerly of B.E.H.; Samuel Meissels, Child Study Department, Tufts University; and John Shonkoff, a pediatrician at the University of Massachusetts Medical School. Their thoughtful participation in analysis meetings and thorough review of documents greatly enriched our work.

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EXECUTIVE SUMMARY

Huron's report presents the findings of the first two years of a longitudinal study of the implementation of PL 94-142, the Education for All Handicapped Act. The study was one of five commissioned in 1978 by the Bureau of Education for the Handicapped (BEH), to investigate the effects of the law on handicapped children and their families. PL 94-142 guarantees to every handicapped child the right to a free, appropriate public education, and specifies procedures to protect the rights of these children and their families. Specifically, local education agencies (LEAs) must seek out children in need of special educational services, assess these children's needs and abilities on the basis of multiple sources of information, develop an individualized education plan (IEP) for each child, and place the child in the least restrictive environment (LRE) appropriate to meet his or her needs. Moreover, the child's parents must be informed of the assessment and planning procedures and must agree to the placement and the educational program. This study was designed to determine the effects of these provisions as they are understood and acted upon by parents and by local school personnel. The focus of the study was the adaptations fashioned by parents and staff to make the law effective for individual children.

The study followed twelve children in one small urban community near Boston, Massachusetts. These children fell into three groups: those referred for evaluation at age three, those first referred for evaluation on entry into kindergarten, and those referred for evaluation in the early elementary grades. The children represented a variety of handicapping conditions, family circumstances, and administrative histories. The study staff used an investigative research model based on triangulation of three data sources: document review, intensive interviews, and observations in homes and classrooms. Data from the three sources were integrated in weekly analysis sessions and summarized in written case reports that were periodically updated. These in turn were analyzed in cross-site analysis meetings attended by study staff and an interdisciplinary Grand Rounds panel.

The hypotheses guiding the study were that as families learn to use the services provided under the law they must adapt in ways that allow them to accommodate their expectations of their child to the realities of school practice. At the same time, school personnel adjust their services and attitudes to accommodate each child-family system. Thus a mutual adaptation pattern emerges. We examined this pattern at three points: referral and entry into special education services; IEPs and initial programs; and the evaluation of the first year of services and transition to the second year. We then examined the interface between mutual adaptation and four underlying concepts of PL 94-142: parent/school partnership, individualization, integration of handicapped and nonhandicapped children, and advocacy of children's rights.

INITIAL ADAPTATION

Analysis of each case yielded clusters of family, child, and LEA characteristics that facilitate mutual adaptation and others associated with maladaptive patterns. These clusters, and the expressions of each that appear to be associated with adaptation or maladaptation are illustrated in the following figure.

Factors That Influence Mutual Adaptation Between Families and LEA Staff

I. FAMILY CHARACTERISTICS		ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
A. <u>Parents' Relationship With Each Other</u>			
1. Family Unity		a. General agreement on child's needs and the treatment of choice within the least restrictive environment appropriate. b. Mutual support decisions can be made and implemented. c. Presenting a common front.	a. Disagreement about child's needs and treatment of choice b. Lack of support; sense of isolation; inability to make and implement decisions. c. One member carries most of the responsibility.
2. Distribution of Parental Responsibility	[GENERAL]	a. Clear understanding of individual responsibilities. b. Acceptance of the allocation.	a. Confused or conflicting understanding of individual responsibilities. b. Disagreement about the allocation.
	[MOTHER'S ROLE]	a. Aware of child's needs, PL 94-142 rights and service options. b. Sees self as acting in child's interest and is perceived that way by others. c. Maintains realistic perspective on the child's needs and other family priorities.	a. Unaware of child's needs, PL 94-142 rights and service options. b. Confuses child's interests with other priorities. c. Is either indifferent to the child's needs or overly concerned about meeting needs.
	[FATHER'S ROLE]	a. Involves himself with child, spending time with him or her and assuming some role in child care. b. Acceptance of the allocation.	a. Confused or conflicting understanding of individual responsibilities. b. Disagreement about the allocation.

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
3. Parents' Self Image —————	a. Sees self as a successful parent.	a. Doubts own competence. b. Assumes responsibility for child's handicap.
B. <u>Parents' Relationship With the Child</u>		
1. Parent-child Interaction —————	a. Spends time in individual interaction with child. b. Interaction is perceived as pleasurable. c. Interaction is perceived as educational. d. Maintains basic respect for the child.	a. Spends little time in interaction. b. Interaction is not perceived as pleasurable. c. Parents do not see selves as having educational role. d. Much of the interaction takes form of discipline or commands.
2. Parents' Attitudes Toward Handicapped Child —————	a. Accepts reality of handicap. b. Recognizes handicap lies with child, not self or society. c. Are able to absolve selves of guilt for the handicap.	a. Denies reality of handicap. b. Blames selves or others for handicap. c. Feel guilty about handicap.
3. Parents Expectations for Services —	a. Know what they want. b. Able to formulate their expectations clearly and articulate them.	a. Do not know what services are available or desirable. b. Are not able to articulate desires clearly and forcefully.

ADAPTIVE PATTERNS

MALADAPTIVE PATTERNS

C. Parents' Relationships with Other Family Members

1. Sibling Effects —————

[HANDICAPPED SIBLINGS]

- | | |
|---|--|
| <ul style="list-style-type: none"> a. Parents' experience with handicapped sibling demonstrates a general ability to cope with concept of handicap. b. Parents' experience with handicapped sibling demonstrates proficiency in gaining access to service (practice effect) | <ul style="list-style-type: none"> a. Are unable to cope with the concept of handicap. b. Have been unable to access appropriate services for handicapped sibling. |
|---|--|

[OTHER SIBLINGS]

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Educational success establishes a general climate of high expectations | <ul style="list-style-type: none"> a. Failure establishes a general climate of low expectations. |
|---|---|

2. Family Support System —————

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Has family members available for support b. Can access other support systems (e.g., professional services). | <ul style="list-style-type: none"> a. Isolation from family members. b. Unable to gain access to outside family support system. |
|---|---|

D. Parents' Relationship with the Service Community

1. Parents' Educational Experiences ———

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Parents perceive themselves as having been successful in school. b. Educational attainment has led to desirable occupation or life style. c. Have overcome negative experiences. | <ul style="list-style-type: none"> a. Parents perceive selves as having failed in school. b. Educational attainment has not led to desirable occupation or life style. c. Perceives negative educational experiences as having led to stigma or failure. |
|---|---|

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
2. Parents' Educational Values —————	a. Value education in itself. b. Value education for its other consequences in life. c. Perceive education as individualizable; see potential for individual self-fulfillment integrally bound up with personal development.	a. Do not value education in itself. b. Education not seen as likely to lead to attainment of other life goals. c. Education associated with: o work o control o discipline
3. Parents' Attitudes Toward Professionals —————	a. Tend to consult professionals regularly. b. Perceive professionals as colleagues or partners.	a. Avoid professionals. b. See selves as subordinate or inferior to professionals.
4. Parents' Attitudes Toward Schools ———	a. Perceive school as a resource. b. See selves in partnership with schools in educational process.	a. Perceive school as a threat. b. Perceive sharp division of responsibility for education between schools and parents.
5. Parents' Attitudes Toward Procedures —————	a. Perceive procedures as a means of getting things done. b. Feel comfortable working within the system.	a. Perceive procedures as a nuisance, not useful. b. Don't understand procedures or feel uncomfortable working within the system.

II. CHARACTERISTICS OF LEA PERSONNEL & PROCEDURES

A. Relations with Families

1. Expectations of Family —————	a. Previous experiences perceived as successful. b. Family perceived as willing and able to work within system. c. Family characteristics congruent with own values.	a. Previous experiences perceived as unsuccessful. b. Family perceived as unwilling or unable to work within system. c. Family characteristics incongruent with own values.
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	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
2. Empathy with Parents —————	a. Presents self to parents as both professional and fellow parents. b. Readily available to parents for either formal or informal discussions.	a. Confronts parents only in professional role. b. Not readily available to parents; make only required efforts to contact or involve parent.
B. <u>Responsibilities to the School System</u>		
1. Availability of Resources —————	a. Appropriate resources are available to meet the child's educational needs. b. Channels already exist to meet needs for related services. c. Aware of broad range of services and know how to access them.	a. Appropriate resources are not readily available to meet the child's educational needs. b. Appropriate related services are unavailable. c. Unaware of services available beyond own department or service area.
2. Administrative Coordination —————	a. Relevant staff are fully informed about status of the case. b. Relevant staff concur on nature of child's needs and treatment of choice. c. Combination of services are coordinated and make sense.	a. Not all relevant staff are informed of status of case. b. Staff disagree on nature of child's needs and treatment of choice. c. Service components are uncoordinated and/or inappropriate.

3. Responsiveness to Pressure —————

- ADAPTIVE PATTERNS**
- a. Perceive parents expectations as reasonable and workable within the system.
 - b. Are sometimes willing to accommodate parents' demands even if it means bending the rules.
 - c. Are sometimes willing to compromise.

- MALADAPTIVE PATTERNS**
- a. Perceive parents' demands as unreasonable, excessive or unworkable.
 - b. Maintain rigid adherence to the rules.
 - c. Are seldom willing to compromise.

III. CHILD CHARACTERISTICS

1. Personality Traits and Appearance —

- ADAPTIVE PATTERNS**
- a. Generally well behaved and disciplined.
 - b. Appears clean and well cared for.
 - c. A cute little kid.
 - d. Generally enthusiastic, responsive or happy.

- MALADAPTIVE PATTERNS**
- a. Generally not well behaved and disciplined.
 - b. Appears dirty, untidy and uncared for.
 - c. A funny looking kid.
 - d. Generally lethargic, asocial, or morose.

2. Educational Prognosis —————

- ADAPTIVE PATTERNS**
- a. Reasonable expectation that treatment will lead to desired outcomes.
 - b. Educational goals are amenable to assessment.

- MALADAPTIVE PATTERNS**
- a. Relationship between treatment and expected outcome is distant or unclear.
 - b. Goals are not easily measured.

3. Evidence of Progress —————

- ADAPTIVE PATTERNS**
- a. Grades evaluation or clinical assessment indicate progress in attaining educational goals
 - b. Evidenced improvement in emotional state, or self confidence.
 - c. Child lives up to informal expectations.

- MALADAPTIVE PATTERNS**
- a. No evidence of progress toward educational goals.
 - b. Evidence of no improvement--or decline--in emotional state or self confidence.
 - c. Child fails to live up to informal expectations.

Family Characteristics

Parents who readily accommodate to the PL 94-142 process tend to agree on the child's needs and act together to pursue services; to have a clear division of parental responsibilities in which one partner (usually the mother) is an effective advocate for the child, although the other partner is also involved in child care and educational decisions; and to regard themselves as competent, successful parents. Both parents often spend time interacting with the child in ways that they believe to be educational; accept the reality of the child's handicap but do not blame themselves or society; and have a reasonable conception of the kinds of services the child needs. Many also have other handicapped children and have learned how to gain access to medical, educational, and support services. PL 94-142 presents but one more set of procedures to be mastered. These parents often rely on informal support from relatives, friends, or professionals. Their experiences with schools and professionals and their attitudes toward them often differ from those of parents who have not adapted to the service community. They tend to have had positive educational experiences that have led to desirable incomes or lifestyles, they value education as a source of personal development and fulfillment, they seek professional advice easily and see schools as partners in the education of their children. Finally, they are willing--and able--to work through sophisticated administrative procedures to attain desired services.

Characteristics of LEA Personnel and Procedures

The attitudes and expectations of LEA staff are as important as those of families in influencing adaptation to PL 94-142. Adaptive patterns are likely to occur among school personnel when staff members perceive themselves as being successful with the particular parents and see the parents as cooperative and concerned, willing to work through established school practice, and not unlike themselves in values and capability. Adaptation is also enhanced when the school system has provided several options for meeting the child's needs, when school personnel are available for formal or informal discussions, and when staff and parents feel they have some legitimate choices in type and locale of services.

Child Characteristics

Child characteristics that contribute to initial adaptation are personality traits that appeal to adults, such as good behavior, cleanliness, an attractive appearance, and responsiveness to adults; a positive educational prognosis; and evidence of academic and affective progress.

ADAPTATION AND THE PROVISIONS OF PL 94-142

In general, the characteristics of families, LEA personnel and procedures, and children that facilitate initial adaptation are also relevant to adaptive conduct in the process of planning, writing, and agreeing upon the IEP, and deciding upon an appropriate placement. Family characteristics that are particularly important are family unity, parents' attitude toward their handicapped child, expectations for services, educational values, and attitudes toward

professionals, schools, and procedures. Parents are likely to regard the IEP outcomes as successful and the placement decision as appropriate when they have previously accepted that their child is handicapped and needs special services, have jointly developed a clear picture of the services most appropriate for him or her, and feel that they retain at least as much power of decision as the LEA staff. Parents and schools need not always agree on all issues of the IEP or the placement decision; however, mutual adaptation is more likely to occur when all parties view the process as a forum for rational discussion among parties in the education of the child. For their part, school personnel are likely to contribute to an adaptive IEP process when they have positive expectations of the family, view the parents as legitimate colleagues, have appropriate resources to meet the perceived needs of the child, and are willing to compromise.

EFFECTS OF PARTICIPATION IN SPECIAL EDUCATION

Mutual adaptation is an interaction both among parents, children, and school staff, and between these participants and the provisions of the law. Not only do characteristics of the actors in the process affect how the provisions of the law are implemented, but the way in which the law is carried out influences the participants and their interactions with one another. We examined the effects on the child and the family. Child outcomes included: academic progress; relationship with the school; and affect and self image. Effects on families included: economic effects, family unity, distribution of parental responsibility, parents' self image, parent-child interaction, parents' attitude toward the handicapped child, parents' expectation for services, sibling effects, effects on the family support system, and parents' attitudes toward professionals, schools and procedures.

Effects on the Child

Different participants in the process determine effects differently. Specialists rely on the results of standardized tests; teachers gauge young children's performance by informal observation; parents infer progress from inspection of children's work, and from quarterly reports. IEP goals were seldom used as specific reference points. When participants agreed on the assessment, adaptive patterns continued even when child progress was not great. Disagreement usually led to changes in the relationship between family and school.

Effects on Families

Few negative economic effects were documented. Loss of salary for working parents was anticipated but proved a reality in only one case. Most parents were able to adjust their work demands to compensate for the time lost. While this may be more true in the community studied than in others--or perhaps in this state more than in others--it nonetheless suggests some flexibility in the workplace that allows workers to honor their parental responsibilities.

There were no major changes in family unity, distribution of parental responsibility, or patterns of parent-child interaction. Parents' attitudes toward their handicapped child varied with their acceptance of the handicap

and the child's educational prognosis. Their conception of the nature and duration of services needed was also linked to their attitude toward the handicap. The latter thus appears to be a most important variable in determining the effects of PL 94-142 and its services on families.

The child's experiences in special education may also have important effects on siblings and on parents' attitudes toward seeking special education services for the siblings. In general, placing one child in a special program appears to heighten the awareness of parents and school staff that siblings may also need additional support. Involvement does not necessarily mean that parents themselves receive additional support, however. We saw little evidence that formal support networks were tapped. Instead, parents relied on informal --and often transient--sources of help.

Parent attitudes toward professionals--both school and non-school--remained fairly constant. Change occurred only in areas where a member of the professional community--usually a teacher--consciously took on the role of advocate for the family.

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I. INTRODUCTION

In October, 1978, the Bureau of Education for the Handicapped (BEH), the predecessor of the Office of Special Services, contracted with The Huron Institute to conduct one of five longitudinal studies of the effects of the Education for All Handicapped Children Act (PL 94-142) on handicapped children and their families (the Family Studies). The purpose of the studies was two-fold: (1) to illustrate to the Congress and the BEH what happens over time to handicapped children and their families as they interact with the services and personnel provided under PL 94-142, and (2) to assist the BEH in policy analysis that will improve implementation of the Act.

After only two years, all of the Family Studies were terminated. Therefore, this document, which was to be an interim report summarizing the findings of the second year of work, is the final report on the Huron Family Study. The implications of this change are important. The study was predicted on the belief that most handicapped children and their families continue their involvement with the educational system and hence with PL 94-142 for many years. We hypothesized that relationships would change over time as different staff and family members became involved, as evidence of success or lack of it accumulated, and as people gained experience in working together. Moreover, we expected the long-term effects of implementation of the law to differ from its short-term consequences. The study was designed to document this process, to capture progress over time.

Our early results, the product of contacts with handicapped children and their families over a period of a year and a half, support the original hypotheses. However, because of the study's premature termination, we have been unable to test them fully. This report, then, provides an analysis of

the early experiences of a small group of families with the educational support provided under PL 94-142. It is but one frame in the dynamic progression of experience. It is our conviction that to tell the full story, it is essential that additional data be collected and analyzed.

ORGANIZATION OF THE REPORT

This report is organized in six chapters. In the remainder of this chapter, we summarize the background of the study, the characteristics of the study community, the characteristics of the sample, and the research method. In Chapter II we discuss the concept that has guided the study: mutual adaptation between families and school personnel. We have been able to study three phases of adaptation: initial entry and placement decisions, IEP's and transition to services, and the first year of services and transition to the second year. These are the topics of the next three chapters. Finally, in Chapter VI, we discuss four fundamental concepts of the law -- parent-school partnership, individualization of services, integration of handicapped and nonhandicapped children, and advocacy for children's rights -- and analyze how implementation of these concepts is related to mutual adaptation.

BACKGROUND OF THE STUDY

Public Law 94-142, the Education for All Handicapped Children Act, is among the most innovative educational legislation ever to have been enacted by the federal government. The law guarantees to every handicapped child the right to education. It charges the schools with the responsibility to find and evaluate every handicapped child between ages three and 21. It requires that education take place in the least restrictive or most appropriate setting, that it be directed and monitored by an Individualized Education

Program (IEP) drawn up for every handicapped child, and that these individual programs undergo annual or more frequent re-evaluation. The law specifically notes that, "to the maximum extent appropriate," handicapped children should be educated with their nonhandicapped peers, and that removal from the regular educational program must be justified in terms of the child's potential growth in the specialized environment. Finally, the law empowers handicapped students and their parents with the legal rights of fair notice, due process, informed consent, advocacy, and appeal. The potential for the development of educational partnership is built into the law.

As an educational innovation, PL 94-142 has been subject to the problems and vicissitudes that attend the implementation of any federal educational program and mandate (Murphy, 1974; Pressman and Wildavsky, 1973). These problems include, among many others, the overly simple belief that the decision to adopt an innovation occurs within the units of a social system (e.g., state educational agency, local education agency). In contrast, social scientists have demonstrated conclusively that the decision to develop, adopt, and disseminate an educational innovation is formed within the minds of individuals (Rogers and Shoemaker, 1971). Thus, a study aimed at understanding the effects of PL 94-142 must focus on the individuals who actually implement the law, and those who receive the services it provides.

The implementation practices of "front-line" personnel have been explored in a study of the implementation of the Massachusetts Comprehensive Special Education Law, Chapter 766 (Weatherley, 1979; Weatherley and Lipsky, 1977). Weatherley uses the phrase "street-level bureaucrats" to describe the personnel who, without intent but with significant effect, make policy "through their responses to the multiple demands placed on them." Weatherley points out

that the "street-level policy delivered to the public is at variance with formal or official policy reflected in law, regulations and procedures" (Weatherley, 1979, p. 140).

Weatherley's analysis of policy implementation in Massachusetts is consistent with the view that educational innovations take shape in response to the immediate adjustments and adaptations dictated by the particular environment of implementation. His study largely restricts itself to analyzing the role of local educational agency (LEA) personnel in determining the nature and distribution of public benefits. However, PL 94-142 grants considerable responsibility and initiative to the parents of handicapped children. In this paper, the relationship between families and "street-level" personnel are explored in order to understand more fully how the implementation process mandated by PL 94-142 actually takes place.

CHARACTERISTICS OF THE COMMUNITY

Understanding the implementation procedures and establishing effective relations with the many LEA staff members responsible for them is demanding, time-consuming, and expensive. Since the available resources were modest, the study was confined to a single community.¹ In selecting a location for research, the investigators sought a community in which school expenditures were about average for the state and nation; adequate referral, medical, and community services were available; demographic characteristics introduced no confounding variables of race or extreme poverty; the scope of the special-education program promised to yield a sample of adequate size; and administrators

¹ The study plan originally proposed provided for the addition of another community during the third year of work. This plan had to be abandoned at the end of the first year as funds for subsequent years were curtailed.

gave evidence of leadership in implementing PL 94-142 and of cooperation in trying to meet the goals of the study.

The community chosen is a small suburb near Boston, Massachusetts. It estimates its 1975 population at just over 30,000, a slight decline from 1970 census figures.² More than half of the adult population is married, and both husband and wife are present in over 85 percent of families. More than half of the children in these families are under 18; almost 25 percent of them are under six. The town is racially homogeneous. The average education level of adults is slightly more than 12 years. Unemployment is low, and most employed persons work in trade, finance, and service industries. The population is upwardly mobile but stable within the community.

The town is geographically compact. One- and two-family houses, most of them owner-occupied, predominate. However, the U.S. Bureau of the Census divides the community into four census tracts that differ in important respects. One is characterized by affluent white-collar families who own expensive houses near a private country club. Blue-collar workers with larger families and more children live in a second quadrant. A third quadrant is the most densely populated, with fewer single-family houses and more renters, unrelated persons, low-income households, and persons who have recently moved from other sectors. The fourth quadrant has few distinctive features, tending to resemble town averages rather than extremes.

The community has ten public elementary schools, a junior high school, and a senior high school. There is also a Roman Catholic school serving grades kindergarten through 8. The average class size in the elementary schools was

² Data derived from the 1970 U.S. Census, the latest source of detailed population characteristics. For a more complete analysis of the data, see Yurchak and Mathews (March 1979).

about 21 in 1972-1973, and per-pupil expenditure in that year was just over \$1,000.³ The school budget was approximately \$10,000,000 in 1977-1978, and the recommended budget for 1978-1979 was slightly over \$11,000,000. By contrast, the budget for 1971-1972 was about \$6,500,000. Approximately 90 percent of the children from first to eighth grade are enrolled in the public schools. However, though expenditures are rising, enrollment is declining.

In spite of the decline in general enrollment, there seems to be a trend toward increased involvement in special education services. Of children from age three to grade 3, approximately 50 were referred for evaluation in 1976-1977, 70 in 1977-1978, and over 100 in 1978-1979. In 1977-1978, handicapped children receiving services comprised 11.5 percent of school enrollment.⁴ Although there are no system-wide prekindergarten programs for three- and four-year olds, the LEA does provide two prekindergarten programs for children with special needs. The first is the preschool laboratory class, an integrated program that has traditionally maintained a 2:3 ratio of special-needs to normal children. Of the two classes of 15 children each, one meets in the morning, and that for the slightly older children meets in the afternoon. With the increased number of children found to have special needs, the school department, under budgetary pressure, has been compelled to give first priority for program placements to these children. This has significantly altered the ratio of special-needs to normal children and compromised the "mainstream" experience.

³ The national figure for the same period was \$1,065 per pupil, and the state mean was \$1,127 (NCES, Revenues and Expenditures for Public Elementary and Secondary Education, 1972-73).

⁴ This compares with the national figure -- 8.4 percent of children enrolled in schools who received special education -- and that of 11.7 percent at the state level (USED, Progress Toward a Free Appropriate Public Education: A Report to Congress on the Implementation of PL 94-142, January 1979).

The second preschool program is one of separate placement for severely handicapped children. It consists of one class of physically and cognitively impaired children from roughly age three to age six, a second for older children, and additional small groups of children with very severe emotional, behavioral, cognitive or physical handicaps, and highly specialized needs. There is also a Title I preschool program. This meets for five half-day sessions per week and is designed for children identified as potential under-achievers. The distinction between candidates for this program and those for the preschool laboratory class is sometimes unclear.

In addition to the few separate program placements, special education services for kindergarten and the elementary grades are provided in conjunction with the regular school program. Services include speech therapy, physical and occupational therapy, counseling, and tutoring for specific learning disabilities. School records indicate that the most frequent area of need for preschool children is speech, and that for children in elementary grades, cerebral or perceptual dysfunction.

CHARACTERISTICS OF THE SAMPLE

The sample consists of children in three groups: early childhood (those first referred for evaluation at age three), prekindergarten (four- and five-year-olds scheduled for entry into kindergarten), and early elementary grades (children six to eight years of age). They represent a variety of handicapping conditions, family circumstances, and administrative histories. The characteristics of the sample are presented in Figures 1, 2, and 3.

Figure 1. Sample Characteristics: ~~Child~~ Characteristics

Case Number	Sex	Date of Birth	School 1978-79	Grade 1978-79	Siblings: Sex and dates of birth	Siblings: school 1978-79	Siblings: grade 1978-79	Siblings in spec. education	Sibling placement
01	M	1/24/75	Private nursery	Pre-k	M - 7/15/77	Not in school	Not in school	None	None
02	M	7/20/75	Public vocational preschool	Pre-k	M - 2/13/77 M - 6/12/78	Not in school	Not in school	None	None
03	M	8/20/75	Public library class once/week	Pre-k	M - 5/18/66 M - 12/27/67 F - 4/6/70	Public jr. high Public elem. Public elem.	7 5 3	M - 5/18/66 M - 12/27/67 F - 4/6/70	LD English class Remedial speech, math LD tutoring, Title I
04	M	12/4/74	Private nursery	Pre-k	F - 3-28-71	Public elem.	2	F - 3/28/71	Tutoring
05	F	7/6/76	Dept. of Public Health Toddler Program	Pre-k	Natural children M - 1950 F - 1952 F - 1958 M - 1962 Foster children M - 1958 F - 1963 F - 1965 F - 1966	Not in school Not in school Not in school Public H.S. Information incomplete Public H.S. Public H.S.	Not in school Not in school Not in school 12 incomplete 11 12	None None None None Information incomplete Information incomplete	None None None None Information incomplete Information incomplete
07	M	7/28/74	Primary nursery	Pre-k	M - 9/24/71	Public elem.	2	None	None
13	M	1/8/74	None	PreK	M - 8/13/63 M - 3/17/65 M - 5/29/67 F - 3/31/71	Public H.S. Public Jr. High Public Elem. Public Elem.	10 9 4 3	M - 8/13/63 M - 3/17/65 M - 5/29/67	Remedial tutoring Spec. Ed. class Spec. Ed. class
11	M	3/15/76	None	None	M - 1958 M - 1962 M - 1963 M - 1965 M - 1967	College Public H.S. Public H.S. Public H.S. Public Jr. High	Not in school 12 11 10 8	None	None
06	M	2/18/71	Public elem.	2	None	None	None	None	None
09	F	10/10/72	Public elem.	1	M - 10/9/74 M - 4/19/79	Not in school Not in school	Not in school Not in school	None	None
10	M	7/21/72	Parochial elem.	1	F - 12/20/51 M - 12/30/61 M - 6/23/63 F - 1/19/68 F-1970 (died 1971)	Not in school Parochial H.S. Public H.S. Parochial elem	Not in school 12 Ungraded 5	M - 6/23/63	Special Ed. class (physical and mental handicaps)
12	M	11/4/71	Public elem.	1	F - 6/17/74 F - 8/1/77	Not in school Not in school	Not in school Not in school	None None	None None

Figure 2. Sample Characteristics: Family Background

Case Number	Parents at home	Marital Status	Children at home: Sex & dates of birth	Other adults at home	Father's Occupation	Mother's Occupation	Dwelling Type	Own or Rent
01	Father Mother	Married	*M - 1/24/75 M - 7/15/77	None	Physician	Homemaker	Single-family	Own
02	Father	Married	*M - 7/20/75 M - 2/13/77 M - 6/12/78	None	Electronic Engineer	Homemaker	Two-family	Own
03	Father Mother	Married	M - 5/18/66 M - 12/27/67 F - 4/6/70 *M - 8/20/75	None	Electronics	Postal worker (parttime)	Single-family	Own
04	Father Mother	Married	F - 3/28/71 *M - 12/4/74	None	Canteen truck driver	Homemaker	Single-family	Own
05	Father Mother (foster parents of subject)	Married	F - 1958 M - 1962 (Parents' own) M - 1958 F - 1963 F - 1965 M - 1966 *F - 7/6/76 (foster)	Foster siblings	Maintenance worker	Homemaker	Single-family	Own
07	Father Mother	Married	M - 9/24/71 *M - 7/28/74	None	Salesman	Homemaker	Single-family	Own
13	Father Mother	Married	M - 8/13/63 M - 3/17/65 M - 5/29/67 F - 3/31/71 *M - 1/8/74	None	Service Inspector	Homemaker	Single-family	Own
11	Father Mother	Married	M - 1958 M - 1962 M - 1962 M - 1965 M - 1967 *M - 3/15/76	Maternal grand- mother Brother (21)	Maintenance worker; Security Guard	Homemaker	Single-family	Own
06	Father Mother	Married	*M - 2/18/71 (adopted)	None	Airline fleet service clerk	Library volunteer (part time)	Single-family	Own
09	Father Mother	Married	*F - 10/10/72 M - 10/9/74 M - 4/19/79	Paternal Great-grand- mother	Manufacturing technician	Homemaker; occasional child care	Single-family	Owned by father & father's mother
10	Father Mother	Married	M - 12/30/61 (starts college 1979) M - 6/23/63 F - 1/19/68 *M - 7/21/72	None	Bank vice- president	Bank "floater" (part time)	Single-family	Own
12	Father Mother	Married	*M - 11/4/71 F - 7/17/74 F - 8/1/77	None	Office Manager	Clerk (part time)	Single Family	Own

Figure 3. Sample Characteristics: Administrative History

Case Number	Entry Point	Screening Date	Screening Results	Referral Date	Referral Source	Presenting Symptoms	Evaluation Type	IEP Date	Placement 1979-80
01	E.C.	Not screened. Individually evaluated.	None	1-5-79	Nursery school teacher	Behavioral disorganization; Socio-emotional disturbance	Full	6-5-79	Pre-k lab 502.8
02	E.C.	Not screened. Individually evaluated	None	9-1-79	Parents	Expressive language delay	Full	5-9-79	Pre-k lab with speech therapy; reevaluated in 8 weeks 502.8
03	E.C.	May 1979 (3-yr.-old)	Difficulty drawing figures, buttoning	2-6-79	Sister's teacher and parents	Potential learning difficulties; sibling history	Int.	5-29-79	Pre-k lab 502.8
04	E.C.	May 1979 (pre-k)	Poor performance in drawing, motor tasks, counting, color naming	2-9-79	Sister's teacher and parents	Overactive; short attention span	Full	5-31-79	Pre-k lab. 502.8
05	E.C.	Not screened. Individually evaluated.	None	7-7-79	Dept. of Public Health; Nursery school	Orthopedic impairment; Expressive language delay; cognitive delay	Full	Not yet set	Special-education class 502.9
07	E.C.	Not screened. Individually evaluated.	None	3-31-79	Parents & school adjustment counselor	Emotional disturbance; Echolalia; Perseveration	Full	Not yet signed	Pre-k lab with psychotherapy 502.8
13	E.C.	May 1979 (pre-k)	Poor performance on all areas of Eliot-Pearson Screening Test	5-15-79	Screening	General cognitive delay	Full	6-1-79	Pre-k lab. 502.9
11	E.C.	Not screened. Individually evaluated.	None	6- -79	Pediatrician	Down's Syndrome	Full	6-1-79	Special-education class 502.8
06	Elem.	1976 (pre-k)	Not available	1-31-79	Parents	Poor reading achievement, visual processing, memory	Int.	6-11-79	Third grade; See school adjustment counselor once/week. 502.2
09	Elem.	May 1977 (pre-k)	Speech impediment.	3-1-79	Teacher	Poor reading and math achievement; visual-perceptual motor, laterality	Int.	June, '79	Retain in first grade; no services
10	Elem	May 1977 (pre-1)	No concerns	3-1-79	Teacher	Poor reading, math, spelling achievement; possible learning disability, dyslexia	Full	9/20/79	Not yet determined
12	Elem.	May 1977 (pre-k)	No concerns reported	1-10-79	Teacher	Poor motivation and achievement; emotional disturbance	Int.	6-11-79	Tutoring; Psychotherapy 502.2

METHOD

In conducting the study, the research team employed an investigative field research model (Murphy, 1980). The model combined three techniques: document review, intensive interviews, and observations. The study staff integrated data from the three sources in weekly case analysis sessions. The data were summarized in written case reports, which were periodically updated. These materials were further analyzed in cross-case analysis meetings conducted by the study staff and an interdisciplinary Grand Rounds panel of advisors.⁵

⁵ For a complete description of the case studies and the Grand Rounds Panel, see Yurchak, Mathews and Bander, December 1979, March and July 1980.

II. MUTUAL ADAPTATION

PL 94-142 rests on four fundamental concepts:

- Parent-school partnership
- Individualization of services
- Integration of handicapped and nonhandicapped children
- Advocacy for children's rights.

This study was designed in part to determine the effects of these concepts as understood and acted upon by local school personnel and by parents, and to see how they compare with the various provisions of the law. The focus of the study was on the role played by the provisions of the law, the modifications imposed on the law by LEA staff, and the adaptations fashioned by both staff and parents in order to make the law effective for individual children.

One hypothesis guiding this study is that both parents and LEA staff are fundamentally pragmatic in outlook, and are seldom concerned with the letter of the law. Parents tend to concentrate on the outcome of the process: appropriate educational services for their child, and improvement in their child's competence. They tend to see the procedures that flow from the law as means toward these ends. In fact, few parents are aware of the specific provisions of the law or of their intent. They know merely that the law requires the school system to provide special educational services to their children, services to which they are entitled.

Most parents know that access to additional services involves some testing, several meetings with school staff, and a great many documents.⁶ Few of them perceive the procedures developed by the LEA to implement the law as part of

⁶ Many of the documents required of LEAs in Massachusetts derive from the provisions of Chapter 766 of the Laws of 1972, the Commonwealth's comprehensive special education law and are more extensive than the procedures required by PL 94-142. However, in practice, the requirements of the two laws are seldom differentiated.

a necessary sequence of events or subject to constraints of timing. Although parents receive form letters from the school staff informing them about each procedure and of their rights in connection with it, the relationship among procedures is unclear. However, each procedure provides an opportunity for interaction. The quality of that interaction is very important to families and often colors their later view of the value of the experience for them and their child. It also contributes to the quality of the developing relationship with the school system.

A second hypothesis of this study is that a great majority of school professionals are in sympathy with the law and its goals, and are aware of the separate provisions of the law as they relate to their own work. However, many of them point out that similar measures have been in use for over a decade on a local basis. The grafting of administrative requirements onto those activities is viewed as red tape. LEA staff tend to divide their professional world into time spent with children and time spent in meetings or on paperwork; and for most, the former has a higher priority than the latter. To the degree that administrative tasks interfere with the staff's ability to care for children, these tasks are found onerous. To the extent that they facilitate services to children, they are tolerated as necessary inconveniences.

The overriding concern of both staff and parents is thus not the individual provisions of the law, but whether in general access to services is facilitated. When the process is smooth, progress is made by means of informal negotiations, and school personnel and parents are both free to go about the business of caring for and educating the child. They establish a cycle of mutual adaptation that enables each to fulfill his or her responsibilities and meet the expectations of the other. However, when parents and school personnel are unable to work together, implementation of PL 94-142 is interrupted at each

procedural step. The development of the family-child-LEA relationship seems fundamental to implementation. Therefore, we began to examine the meaning of adaptation and the ways in which it occurs.

The process of adaptation is a recurrent theme for psychologists. For example, Piaget conceived of it as the balance between the processes of assimilation and accommodation that is prerequisite for intellectual development. It is the condition that occurs whenever a given interchange between organism and environment so modifies the organism that further interchanges, favorable to its preservation, are enhanced (Piaget, 1952). That is, the individual obtains new information, structures it in accordance with what he already knows, and then adjusts his intellectual structures to act on and incorporate the new knowledge. The organism adapts repeatedly and each adaptation serves to pave the way for its successor.

Others view adaptation from the perspective of social relations. Kubler-Ross (1969), for example, examines the process of accommodating to the concept of death and one's own dying. Others have examined the process of adaptation after a marriage or family is dissolved (Weiss, 1974), after short-term separation from attachment figures (Bowlby, 1973), and after the death of loved ones (Hendin, 1974). Richmond (1972) and Featherstone (1980) have investigated the adaptive process families undergo after learning that their child is handicapped. Others have looked at the process more closely as it applies to specific diseases (Leiken and Hassakis, 1974; Raimbault, 1974; and Ziedel and deTrauenberg; 1974). The view each of these studies advances is that adaptation occurs within an individual over time, and that it passes through various stages, characterized by qualitative differences in affect, organizational structure, and ability to interact with other aspects of the environment.

Social workers (Schield, 1976), physicians (Solemons and Mendascino, 1978), psychologists (Roose, 1978), and others who provide care and counseling to individuals or families under stress have identified a similar process. Participants move separately through an individual adaptation to the particular illness or loss. At the same time, if the treatment is to be successful, counselor and patient adapt to one another.

More recently, social scientists have rediscovered adaptation as a heuristic device useful for explaining apparently systematic changes in broader social settings. For example, Greenwood, et al. (1975) examined the effect of innovative educational programs from the perspective of adaptive changes in the behavior of personnel in 29 LEAs throughout the United States. They define adaptation to innovations as a three-stage process of initiation, implementation, and incorporation. The first stage, initiation, is exploratory; the LEA staff considers possible programs, looks for resources, and decides which program to select. In the implementation stage, the program as a reality confronts the school and the district: plans must be translated into practice and this may necessitate change in the program, the LEA, or more probably both. Finally, incorporation occurs when the program is no longer a separate entity, but has become a part of the broader district program, the larger organism that will have to accommodate later to other innovations.

As noted earlier, Weatherley and Lipsky (1977) examined the implementation of Chapter 766 of the Acts of 1972 of the Commonwealth of Massachusetts (The Comprehensive Special Education Law). They identified analogous stages in the behavior of LEA personnel as they accommodated to the demands placed on them by the new law and the constraints of resources.

The data from the study to be reported below suggest two additional types of adaptation. First, families adapt to the school system as they learn to use the services provided under the law and adjust their expectations to the realities. Second, the school adapts to each child-family system. Thus, a mutual adaptation pattern emerges. In this study we have examined this pattern at three points: referral and entry into special education services; IEPs and initial program; and the evaluation of the first year of services and transition to the second year.

III. INITIAL ADAPTATION

We have analyzed each case in our study and isolated family, LEA staff, and child characteristics that contribute to adaptation between family and LEA staff. We further clustered the factors we identified into groups of characteristics that affect the relationship of parents and LEA personnel with others involved in the process. We did this first in December, 1979, when referral, evaluation, and initial placement had been completed.

We divided family characteristics into those that influence parents' relationship with each other, with the handicapped child, with other family members, and with the service community. Parents' relationship with each other may be characterized by family unity in seeking services; by the distribution of parental responsibilities, or the roles that each takes on within the family; and by parents' self-image, or their sense of competence as parents. Parents' relationship with the handicapped child may be divided into parent-child interaction, or the nature of interchanges between parents and child; parents' attitude toward the handicap and its causes; and parents' expectations for services, their knowledge of available options, and their ability to express their desires for services for the child. Parents' relationship with other family members are influenced by the experiences of the child's siblings, particularly if any of them are also handicapped, and by the extent of support available to the parents from other family members or outsiders. We have broken down the factors affecting parents' relationship with the service community into parents' attitudes toward schools, toward professionals in general, and toward the administrative procedures required under PL 94-142 and other programs. These attitudes, in turn, are affected by parents' educational experiences and educational values.

We considered the characteristics of LEA personnel in much the same way as they perceive their own roles: that is, as divided between relationships with families and responsibilities toward the school system. The most salient components of their relationships with families are the expectations that school personnel have developed about each family, particularly the extent to which they view a family as a partner; and their ability to empathize with parents, to relate to them comfortably as individuals. Staff responsibilities to the school system are affected by the availability of resources, or the existence and knowledge of sufficient options to provide appropriate services in each case; by the extent to which staff and services are coordinated and able to present a coherent program for each child; and the willingness of staff to respond to parental pressure, even if the response requires stepping outside their normal bounds of responsibility.

The child characteristics that influence mutual adaptation include: the child's personality traits and appearance, which affect how parents and staff perceive the child; educational prognosis, the degree to which treatment of the handicap is expected to be effective; and evidence that the child has made progress in his placement, both in meeting educational goals and in gaining self-confidence. These characteristics, and the expressions of each that appear to be associated with either adaptation or maladaptation, are illustrated in Figure 4. It is important to emphasize four points about our conception of how these characteristics relate to the cycle of adaptation. First, not every factor is relevant to each case, and each is more important in some cases than in others. Second, the individual characteristics cannot be easily defined or quantified; they are abstracted from the complex and sometimes obscure patterns of relations among people in each case. Third, these

Figure 4

Factors That Influence Mutual Adaptation Between Families and LEA Staff

I. FAMILY CHARACTERISTICS	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
A. <u>Parents' Relationship With Each Other</u>		
1. Family Unity	a. General agreement on child's needs and the treatment of choice within the least restrictive environment appropriate. b. Mutual support decisions can be made and implemented. c. Presenting a common front.	a. Disagreement about child's needs and treatment of choice b. Lack of support; sense of isolation; inability to make and implement decisions. c. One member carries most of the responsibility.
2. Distribution of Parental Responsibility [GENERAL] [MOTHER'S ROLE] [FATHER'S ROLE]	a. Clear understanding of individual responsibilities. b. Acceptance of the allocation. a. Aware of child's needs, PL 94-142 rights and service options. b. Sees self as acting in child's interest and is perceived that way by others. c. Maintains realistic perspective on the child's needs and other family priorities. a. Involves himself with child, spending time with him or her and assuming some role in child care. b. Acceptance of the allocation.	a. Confused or conflicting understanding of individual responsibilities. b. Disagreement about the allocation. a. Unaware of child's needs, PL 94-142 rights and service options. b. Confuses child's interests with other priorities. c. Is either indifferent to the child's needs or overly concerned about meeting needs. a. Confused or conflicting understanding of individual responsibilities. b. Disagreement about the allocation.

Figure 4 - continued

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
3. Parents' Self Image —————	a. Sees self as a successful parent.	a. Doubts own competence. b. Assumes responsibility for child's handicap.
B. <u>Parents' Relationship With the Child</u>		
1. Parent-child Interaction —————	a. Spends time in individual interaction with child. b. Interaction is perceived as pleasurable. c. Interaction is perceived as educational. d. Maintains basic respect for the child.	a. Spends little time in interaction. b. Interaction is not perceived as pleasurable. c. Parents do not see selves as having educational role. d. Much of the interaction takes form of discipline or commands.
2. Parents' Attitudes Toward Handicapped Child —————	a. Accepts reality of handicap. b. Recognizes handicap lies with child, not self or society. c. Are able to absolve selves of guilt for the handicap.	a. Denies reality of handicap. b. Blames selves or others for handicap. c. Feel guilty about handicap.
3. Parents Expectations for Services —	a. Know what they want. b. Able to formulate their expectations clearly and articulate them.	a. Do not know what services are available or desirable. b. Are not able to articulate desires clearly and forcefully.

Figure 4 - continued

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
C. <u>Parents' Relationships with Other Family Members</u>		
1. Sibling Effects —————	a. Parents' experience with handicapped sibling demonstrates a general ability to cope with concept of handicap.	a. Are unable to cope with the concept of handicap.
[HANDICAPPED SIBLINGS] ————	b. Parents' experience with handicapped sibling demonstrates proficiency in gaining access to service (practice effect)	b. Have been unable to access appropriate services for handicapped sibling.
[OTHER SIBLINGS] ————	a. Educational success establishes a general climate of high expectations	a. Failure establishes a general climate of low expectations.
2. Family Support System —————	a. Has family members available for support	a. Isolation from family members.
	b. Can access other support systems (e.g., professional services).	b. Unable to gain access to outside family support system.
D. <u>Parents' Relationship with the Service Community</u>		
1. Parents' Educational Experiences ————	a. Parents perceive themselves as having been successful in school.	a. Parents perceive selves as having failed in school.
	b. Educational attainment has led to desirable occupation or life style.	b. Educational attainment has not led to desirable occupation or life style.
	c. Have overcome negative experiences.	c. Perceives negative educational experiences as having led to stigma or failure.

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
2. Parents' Educational Values ———	a. Value education in itself. b. Value education for its other consequences in life. c. Perceive education as individualizable; see potential for individual self-fulfillment integrally bound up with personal development.	a. Do not value education in itself. b. Education not seen as likely to lead to attainment of other life goals. c. Education associated with: o work o control o discipline
3. Parents' Attitudes Toward Professionals ———	a. Tend to consult professionals regularly. b. Perceive professionals as colleagues or partners.	a. Avoid professionals. b. See selves as subordinate or inferior to professionals.
4. Parents' Attitudes Toward Schools ———	a. Perceive school as a resource. b. See selves in partnership with schools in educational process.	a. Perceive school as a threat. b. Perceive sharp division of responsibility for education between schools and parents.
5. Parents' Attitudes Toward Procedures ———	a. Perceive procedures as a means of getting things done. b. Feel comfortable working within the system.	a. Perceive procedures as a nuisance, not useful. b. Don't understand procedures or feel uncomfortable working within the system.

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II. CHARACTERISTICS OF LEA PERSONNEL & PROCEDURES

A. Relations with Families

51	1. Expectations of Family ———	a. Previous experiences perceived as successful. b. Family perceived as willing and able to work within system. c. Family characteristics congruent with own values.	a. Previous experiences perceived as unsuccessful. b. Family perceived as unwilling or unable to work within system. c. Family characteristics incongruent with own values.	52
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	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
2. Empathy with Parents —————	a. Presents self to parents as both professional and fellow parents. b. Readily available to parents for either formal or informal discussions.	a. Confronts parents only in professional role. b. Not readily available to parents; make only required efforts to contact or involve parent.
B. <u>Responsibilities to the School System</u>		
1. Availability of Resources —————	a. Appropriate resources are available to meet the child's educational needs. b. Channels already exist to meet needs for related services. c. Aware of broad range of services and know how to access them.	a. Appropriate resources are not readily available to meet the child's educational needs. b. Appropriate related services are unavailable. c. Unaware of services available beyond own department or service area.
2. Administrative Coordination —————	a. Relevant staff are fully informed about status of the case. b. Relevant staff concur on nature of child's needs and treatment of choice. c. Combination of services are coordinated and make sense.	a. Not all relevant staff are informed of status of case. b. Staff disagree on nature of child's needs and treatment of choice. c. Service components are uncoordinated and/or inappropriate.

Figure 4 - continued

	ADAPTIVE PATTERNS	MALADAPTIVE PATTERNS
3. Responsiveness to Pressure —————	a. Perceive parents expectations as reasonable and workable within the system. b. Are sometimes willing to accommodate parents' demands even if it means bending the rules. c. Are sometimes willing to compromise.	a. Perceive parents' demands as unreasonable, excessive or unworkable. b. Maintain rigid adherence to the rules. c. Are seldom willing to compromise.
III. CHILD CHARACTERISTICS		
1. Personality Traits and Appearance —	a. Generally well behaved and disciplined. b. Appears clean and well cared for. c. A cute little kid. d. Generally enthusiastic, responsive or happy.	a. Generally not well behaved and disciplined. b. Appears dirty, untidy and uncared for. c. A funny looking kid. d. Generally lethargic, asocial, or morose.
2. Educational Prognosis —————	a. Reasonable expectation that treatment will lead to desired outcomes. b. Educational goals are amenable to assessment.	a. Relationship between treatment and expected outcome is distant or unclear. b. Goals are not easily measured.
3. Evidence of Progress —————	a. Grades evaluation or clinical assessment indicate progress in attaining educational goals b. Evidenced improvement in emotional state, or self confidence. c. Child lives up to informal expectations.	a. No evidence of progress toward educational goals. b. Evidence of no improvement--or decline--in emotional state or self confidence. c. Child fails to live up to informal expectations.

factors are not independent of each other: parents' educational values, for example, depend largely on their own experiences in school, and in turn shape their attitudes toward schools and professionals. Fourth, we expect these characteristics to change over time. In a sense they are both independent and dependent variables, influencing the character of the PL 94-142 process and at the same time being changed by it. Furthermore, some factors are more important at one time than another, and new factors undoubtedly emerge from time to time.

The following sections elaborate on the groups of characteristics we identified, summarizing constellations that, at least in the cases we have considered, appear to constitute adaptive or maladaptive patterns.⁷

FAMILY CHARACTERISTICS

Parents' Relationship with Each Other

Those parents who readily accommodate to the PL 94-142 process tend to agree on the child's needs and act together to pursue services; to have a clear division of parental responsibilities in which the mother is an effective advocate for the child and the father is involved in child care and educational decisions; and to regard themselves as competent, successful parents. Parents who have yet to adapt may disagree about the child's needs, fail to support each other, and leave one of the pair with sole responsibility for seeking services; have a confused distribution of family roles in which the mother is not an effective advocate and the father spends little time with the child; and doubt their own competence as parents, bearing guilt in particular about the handicapped child.

⁷ For detailed descriptions of individual cases, the reader is referred to previous reports of the project: Yurchak and Mathews, September 1979; and Yurchak, Mathews and Bander, December 1979, March 1980, and July 1980.

Family unity does not necessarily mean that both parents consult frequently with school officials and participate in IEP meetings and other conferences. If the father's job prevents him from participating directly, he may help forge parental consensus by reviewing documents and discussing the child's educational needs with the mother. Mutual support is not incompatible with a clear division of parental responsibilities, but it is easier to achieve if the father interacts frequently with the child and demonstrates interest in his or her progress. In most cases the mother has been the family spokesman, and she appears to be most effective when she believes she is acting in the child's interest and makes an effort to acquaint herself with the available options for services. Parents are most likely to support each other and present a united front when they have confidence in their abilities as parents.

In one case (13), on the other hand, the parents not only disagree about the potential benefits of special services for their child but also undercut each other's opinions, sometimes in violent outbursts. The father in this case does spend some time with the child, and unlike the mother is willing to participate in PL 94-142 procedures, but he appears to withdraw when pressures become most intense. In another case (11), the father devotes all his energy to his work, leaving the mother to function much like a single parent. Her ability to be an effective advocate for the child is compromised by her ambivalence about her adequacy in raising the child and her overcompensation in keeping the child dependent on her. Mothers appear to be most effective as advocates when they are neither indifferent toward the child's needs, as in case 13, nor so protective that they cannot allow the child to take advantage of special services.

Parents' Relationship with the Child

Parents in the families that have adapted to the process often spend time interacting with the child in a context they believe to be educational; accept the reality of the child's handicap but tend not to blame it on themselves or other members of society; and develop a clear conception of the kind of services the child needs. Maladaptive patterns seem to include spending little time in interacting with the child except to discipline him or her; denying the child's handicap or blaming oneself for it; and remaining unaware of possible treatment for the handicap, making little effort to formulate a plan to address the child's needs.

Case 10 illustrates the adaptive pattern: the parents spend time each day working with the child in academic areas; they have accepted his handicap, even on weak evidence, as a disability within him; and they had decided on their preference for placement even before the evaluation, and were insistent in seeking the agreement of school staff. In contrast, the parents in case 12 were ambivalent; they were slow to acknowledge the child's special needs; and they disagreed with the contention of school staff that there is an emotional disturbance, though they agreed on the appropriateness of addressing the child's learning problem. In case 01, mother-child interaction actually deteriorated as the family entered the PL 94-142 process, but the volatility of the relationship led the mother to accept the child's need for emotional support and to arrange family counseling on her own.

In case 11, the mother is aware that the child is handicapped, but she is ashamed of the condition, refuses even to mention it by name, and has resigned herself to low aspirations for him. Her guilt and shame have led her to isolate the child from outside experience; at the same time, though

she has rigorously met his physical needs, she has not tried to teach him the most fundamental skills. She maintains a limited conception of her son's potential for benefiting from special services. The parents in case 13 also believe that their son will not benefit from services, but their rationale is denial of the child's handicap. They maintain that he can function in regular classrooms and blame his failure to do so on school staff. Since much of their interaction with the child consists of disciplinary or commanding shouts, they have little basis for forming a comprehensive picture of his special needs. Adaptation appears more likely when the parents neither deny the child's handicap nor allow themselves to be consumed by guilt or shame, but accept the condition and take steps to remedy it.

Parents' Relationship with Other Family Members

Parents' experiences with family members other than the handicapped child may be important in adaptation. Parents who have accommodated to PL 94-142 may have other handicapped children who have accustomed them to the notion of caring for a handicapped child and have acquainted them with the process of obtaining PL 94-142 services. They may also have nonhandicapped children whose accomplishments inspire high expectations for their siblings, and they frequently rely for support on other relatives, friends, or professionals. Some families that have not adapted also have other handicapped children, but they have denied the handicaps or have been unsuccessful in obtaining effective services for them. Other siblings may also have experienced educational failure, and the family is often isolated from other family members or unable to benefit from outside support.

Case 10 again exemplifies the adaptive pattern. Sixteen years with another handicapped son have led the parents to accept the concept of handicap

and given them extensive experience in pursuing services; another son and daughter have attended college, raising hopes for the younger child; and, despite a lack of nearby family members, the parents have a wide network of professional advisors. The parents in case 12 could rely on a combination of relatives, friends, and physicians in testing their opinions on the need for services. In case 01 the parents have compensated for a weak support system by relying on each other and by making a conscious attempt to spread roots in the community.

The family in case 13 includes four handicapped children. They have received a variety of services, but the parents perceive little benefit from the special help. Conflicts over the need for services for these children, and their continued academic difficulties and delinquent behavior, have contributed to the parents' wariness about seeking services for the youngest child. In case 11, the maternal grandmother has expressed her fondness for the handicapped child by providing cognitive and language stimulation. Though an important source of child care, the grandmother is often ill, and her attention has not compensated for the mother's isolation of the child and inability to teach him basic self-help skills. Furthermore, the accomplishments of the mother's five older sons seem to make the limitations of the youngest more intractable by contrast.

Parents' Relationship with the Service Community

In cases where adaptation has occurred, parents' attitudes toward schools and professionals often differ from those of parents who have not accommodated to the service system. In adaptive cases, parents have often had positive school experiences that have led to desirable incomes or life styles, or have overcome negative educational experiences; they value education as a source of

personal development and fulfillment; they tend to seek professional advice and regard professionals as colleagues; they see schools as partners in the education of their children; and they are willing to work through administrative procedures as a path to the attainment of desired services. In maladaptive cases, parents tend to have had less successful school experiences, and education has not led to desirable occupations; they associate education with the unpleasant necessities of work, discipline, and the enforcement of social norms; they may avoid professional help and see themselves as less competent than professional; they view education as primarily the responsibility of schools, which are, by implication, largely to blame for educational failure; and they tend not to understand the intricacies of prescribed procedures, seeing them as a nuisance or a means by which school professionals impose unwanted services on their children.

Fathers in all three of the adaptive cases have achieved high-status occupations: physician in case 01, bank executive in case 10, office manager in case 12. Education has been a route to personal success, and though the elementary-school experiences of the mother in case 10 were unhappy, they have only made her more determined that her son should avoid such suffering. Some of these parents are advocates of disciplined, structured classrooms, but they also seek individual programs for their handicapped children. Parents in all three cases value the advice of professionals and are not awed by professional credentials or language. In case 01, the father's experience as a physician has given him a particular respect for PL 94-142 diagnostic procedures, and the parents in all these cases readily accept a medical model of individual evaluation and treatment. Just as they see professionals as colleagues, they view themselves as partners in education with the schools, accepting both a

role for themselves in educating their children and a right to make demands of school staff. They are not afraid of bureaucratic procedures that might intimidate other parents, and the language of school staff and the documents they write is, if not familiar, at least comprehensible.

In cases 11 and 13, by contrast, the families struggle financially with fathers in lower-status occupations that have not been improved by education. For the father in case 13, education means firmness, discipline, restraint. The mother in case 11 seems to value education more than the parents in case 13, but she has been timid in investigating options other than those the school has offered. Furthermore, her guilt and fear at the prospect of releasing her child have led her to withdraw him from classes for superficial rather than substantive educational reasons. She is assertive and aware of PL 94-142 procedures, but her attitude toward the child and his education limits her exploration of them. In case 13, the parents have little use for such formalities as IEP documents. They have dealt extensively with professionals, but always deemed the interaction unsuccessful or the staff intrusive. They now distrust all intervention and accuse professionals of exacerbating the very problems they attempt to solve.

CHARACTERISTICS OF LEA PERSONNEL AND PROCEDURES

Relationships with Families

The attitudes and expectations of LEA staff are as important as those of families in influencing adaptation to PL 94-142. Adaptive patterns appear to be more likely when school personnel have had successful experiences with family members, or when a family is concerned, is willing to work through established procedures, and shares many of the values of the staff; when school personnel are available for formal or informal discussion with parents;

and when they present themselves to parents as both professionals and sympathetic individuals or fellow parents. Maladaptive patterns tend to appear when experience has created unfavorable expectations of the family, or when staff find the family uncooperative, hostile, or irrational; when staff do not encourage dialogue with parents; and when they remain strictly within their professional roles, meeting only formal job requirements in consulting with parents.

The adaptive pattern does not require that LEA-family relations be free from conflict. In case 10, the parents had been persistent advocates for an older handicapped son well before they began to press their demands for services for the youngest child. This gave school personnel an image of concerned parents who, though determined to press for their rights, held the special-education program and the PL 94-142 provisions in high regard. The second chairwoman, herself a mother of handicapped children, encouraged the mother to continue to speak up for her child. In case 12, on the other hand, experience contributed to the staff's impression of the family as resistant to referral and diagnosis, and this increased staff anger when the parents decided to seek a private evaluation of the child. The importance of staff empathy with parents is illustrated by case 01, in which an abrupt and harried specialist, who had little patience with the parents' concerns, impeded adaptation until she was replaced by a more understanding teacher.

Case 11, like case 12, is an apparent exception to the match between staff expectations and adaptive patterns. The child's teacher has tried to include the mother in the child's educational program and to establish a working partnership with the family; but the mother's ambivalence about services for the child has so far precluded a personal relationship with the teacher. In case

13, by contrast, school personnel have come to view the family not only as having an incomprehensible value system but also as impervious to professional intervention. Experience has established a communication pattern that staff deem irrational, and they have virtually given up any attempt to influence the parents. At least for those staff members who have worked with the family in the past, empathy with the parents has become almost impossible.

Responsibilities to the School System

The administrative roles of school personnel also influence adaptation to PL 94-142. Adaptation is enhanced when the school system has provided a range of options for meeting the child's needs for special and related services, and school staff can direct parents to outside resources to meet other needs; when the relevant school staff agree on the nature of the child's handicap and its treatment and can coordinate services into a coherent program; and when they see parents' requests as reasonable and try to accommodate them, even if this requires compromise. Adaptation is less likely when the child's needs seem to call for services not available within the system and staff are unable to direct parents to appropriate programs; when staff disagree about the child's needs or do not coordinate their services with those of other specialists; and when they view parents' demands as unreasonable and refuse to "bend" if requests cannot be met through rigid adherence to prescribed procedures.

In all three adaptive cases, the child's needs appeared to both school staff and parents to be met by the options provided by the system. School personnel have developed procedures for some outside referrals, such as psychiatric counseling. Although the parents in case 12 disputed the need for that service, this amounted to a request for fewer services rather than an insistence on treatment not then available. In both case 10 and case 12, school personnel

were willing to avoid a protracted conflict by accommodating to parents' requests, even though in case 10 these requests induced them to take actions outside the bounds of their normal responsibilities. Willingness to compromise seems to increase when school staff perceive the parents as genuinely concerned about their children's needs and when, as some of the Grand Rounds panel suggested, demands do not require going outside the normal channels of service delivery.

Case 13 is a dramatic example of a constellation of needs that appear to school staff to call for services far beyond their capabilities. The chairwoman is not well acquainted with the full range of programs within and outside PL 94-142 that might benefit this family, and is in any event pessimistic about the parents' ability to make use of them. School personnel have not been kept informed of the status of the case, including basic placement decisions. Specialists and teachers disagree about what services the child needs, and this reinforces the parents' image of the futility of the special-education process. In a case that clearly requires extraordinary effort, none of the school staff have yet been able or willing to step outside their job boundaries to coordinate the diversity of services the family seems to need.

CHILD CHARACTERISTICS

Expectations for the child and his or her performance become increasingly significant as adaptive cycles move into the phase of service delivery. Among the factors contributing to adaptation are personality traits that appeal to adults, such as good behavior, cleanliness, an attractive appearance, and responsiveness to adults; an educational prognosis that seems, on the basis of assessment, to be clear and appropriate to the services offered; and some formal or informal evidence that the child is actually making progress, both academically

and affectively, in his or her placement. A maladaptive pattern is likely to result when the child's appearance and manner are less attractive to adults-- when the child is undisciplined or untidy, more "funny looking" than "cute," or unresponsive to adults or other children; when the relationship between treatment and outcome is unclear or the possibility of remediation seems remote within available placements; and when the parents are given little evidence that special services are improving the child's academic performance, social relationships, or self-confidence.

The children in case 01 and case 10 display personality traits that teachers and specialists find endearing; in both cases, school personnel have described the child as pleasurable to work with, and have accepted behavior that in other children might be considered disruptive. In these cases, the children performed at or above the norms on parts of the evaluation of intellectual abilities. This has helped to persuade parents and staff that the children have the potential for remediation of their disabilities and for eventual academic success. In all of the adaptive cases, the children appear to be living up to these expectations: teachers' reports indicate that they are progressing in school work. In case 01, during the early weeks of the placement the child became more anxious and aggressive at home, but the teacher's assurances that the child was progressing in school and was probably suffering from separation anxiety helped the parents through a difficult period.

The child in case 11 has only inconspicuous features of Down's Syndrome, and most adults find him appealing. However, his endearing characteristics may contribute to a false sense of his competence, in which school staff are already beginning to lose faith. The child in case 13 has also engendered a sense of his competence in his mother and kindergarten teacher. Because he

avoids interaction at home and maintains acceptable social behavior in school, the child has not yet had to confront his speech impairment or his apparent developmental delays. In both cases the educational prognosis is unclear, but specialists suspect that as academic demands are increased the limitations of each child's handicapping condition will become more apparent. Future evidence of lack of progress may have important effects on the parents, confirming their low expectations of their children and their suspicions about the efficacy of special services, and perhaps leading to further withdrawal from the system.

IV. MUTUAL ADAPTATION: IEPs AND TRANSITION TO SERVICES

In Chapter III we presented characteristics of parents, children, and school personnel that contribute to adaptation or maladaptation at the stages of identification, referral, and evaluation. We now examine in more detail the ways in which the process of adaptation relates to a single provision of PL 94-142, the formulation of Individualized Education Programs (IEPs). We focused on IEPs for two reasons. First, in each case the IEP meeting marks at least a temporary end of diagnosis and the beginning of service provision; it is therefore a critical transition point for families and school personnel. Second, the IEP meeting is often the first prescribed meeting between parents and school staff in the PL 94-142 process, a setting in which the features of adaptation may be cast in sharp relief.

In March 1980 we conducted a detailed analysis of the IEP meetings and documents for each case in our sample (Yurchak, Mathews, & Bander, 1980). We first studied the extent to which the IEP meetings and documents in each case met the provisions of the law. We next examined the development of IEPs, focusing on the conduct of meetings and the preparation of documents. Finally, we considered factors that appeared to contribute to an adaptive IEP process and the effects of IEPs on family-school adaptation.

MEETING THE PROVISIONS OF THE LAW

This section examines the content of IEP meetings and documents for our sample cases. Here we analyze the surface features of the IEPs as an introduction to the later discussion of more complex issues. The goal is to determine which components of the IEP process were present in each case and whether there are compliance patterns across cases. This section, then summarizes what occurred at IEP meetings and what the documents contain; the following sections

analyze how the process worked, describe some of the influences on it, and discuss its effect on children and families.

We base the analysis for this section on the requirements of PL 94-142 and Massachusetts Chapter 766 regulations governing IEPs. This is not a compliance review; but since we want to determine how PL 94-142 affects children and their families, we wish to ground all aspects of our study in the provisions of the law and the ways in which they are implemented. Furthermore, we wish to begin by examining the essential elements of the IEP process, and these are defined most clearly in the regulations. We have found that analysis of the elements required by federal and state regulations provides a comprehensive overview of the IEP process, for few IEPs include additional elements.

Although this study is aimed specifically at the effects of PL 94-142, we have included Massachusetts Chapter 766 regulations for three reasons. First, in practice the two are almost always completely confused. School personnel and knowledgeable parents invariably refer to the special education process as it is regulated by state law; they consult state regulations when questions arise, use forms supplied by the state education department for writing IEPs, and only rarely are well informed about PL 94-142. Chapter 766 was implemented before PL 94-142, and school personnel and parents have more experience operating under it; thus their expectations of IEPs derive from state rather than federal law. Second, most of the Massachusetts regulations as revised in 1978 elaborate on procedures also required by federal law; they are therefore, on the whole, consistent with the intent of PL 94-142. Third, in most areas the state regulations thus provide the framework for exhaustive assessment of the components of the IEP process.

The first step in the analysis for this section was to identify eight areas

in which federal and state regulations make specific requirements for IEP development:

- Scheduling of the IEP meeting or document
- Parent participation
- Participants in the meeting
- Content of the IEP document
- Diagnostic program (an option offered by Massachusetts regulations to provide additional assessment data before writing some IEPs)
- Notice to parents, parent response, and requests for independent evaluation
- Implementation of the IEP
- Liaison, monitoring, and IEP review

The second step was to locate, for each area, the regulations of PL 94-142 (Department of Health, Education, and Welfare, 1977) and Massachusetts Chapter 766 (Massachusetts Department of Education, 1978) that govern it. References to these regulations are included in Appendix A.

The third step in the analysis was to transform each regulation into specific questions that could be answered "yes," "no," or "inapplicable." This resulted in a list of 148 questions, presented as Appendix A, to be asked of each IEP in the sample. The aim was to determine as clearly as possible which of the components specified by the regulations were present in each IEP. No attempt was made to distinguish between "minimal" and "optimal" compliance (cf. Iano, 1978; Stephens & May, 1978), "required," "desirable," and "ideal" components, or components that met the letter and the spirit of the law (cf. Gillespie, 1978); nor was a numerical score assigned to the degree of compliance with each regulation (cf. Stephens & May, 1978). These distinctions would needlessly complicate this stage of analysis. They would increase the complexity

of an already long list of questions; they would require subtle judgments that the researchers may not be qualified to make; and they would decrease the reliability of the results. Nor are the distinctions clear enough for most of our purposes. Little would be gained, for example, if we ranked IEPs by adding up scores assigned to each item. Such a treatment assumes that each item is equally important in all cases. Not only might the same item--the provision of a transportation plan, for instance--be more important in some IEPs than others, but for many IEPs some regulations are not applicable at all. Thus, any attempt to adjust a numerical system for differences in IEPs would complicate the analysis far beyond the usefulness of the information that would result.

The fourth step was for the two principal researchers to review the IEP documents and the records of IEP notices and meetings for each case and to answer all the questions in Appendix A. The researchers coded the answers separately and met to discuss and resolve differences. Despite the attempt to make distinctions as clear as possible, some regulations required considerable judgment and interpretation.

The final step was to summarize the patterns of response across cases for each item. No attempt was made to analyze or rank these patterns across items for each case; this information has already been presented in narrative form for most of the previously completed case summaries (Yurchak, Mathews, & Bander, 1979).

The 12 cases in the tier 1 sample had by March 1980 generated 15 IEP meetings, two IEP review meetings, and 13 IEP documents. In case 07, two meetings were held and two documents written because the child was re-evaluated in the interim. In cases 02 and 11, two IEP meetings were held because the child was placed in a "diagnostic program" in the interim; this procedure should result in a single, final IEP document, but a preliminary document was also written.

IEP review meetings have been held, before the required annual review, in cases 09 and 10. In case 05, the IEP meeting was held in the spring of 1980, and the document was not yet available to use.

Following is a summary of our major findings for the eight phases of the IEP process. For a detailed discussion of the evidence for each conclusion, see Yurchak, Mathews, and Bander (1980).

Scheduling

IEPs are not always completed within the period allowed by regulations; most are completed within five months of referral, but some take as long as nine months.

Most IEPs are completed at the same time as the determination of need for special education, meeting the federal requirement.

In three cases children were placed before the IEP meeting and documents were completed.

Parent Participation

Adequate notice of the IEP meeting was given to all parents.

One or both parents participated in all meetings.

In all cases but one, meetings were scheduled at a mutually agreed time and place.

Meeting Participants

All participants required by federal regulations attended the meetings.

Most participants required by state regulations attended; those who most commonly did not were:

- Physicians (for full evaluations)
- LEA administrators (in preschool cases)
- Representatives of private preschools (in some preschool cases)
- Outside professionals working with the child.

In one case parents were accompanied by an advocate; in another, a mother was accompanied by her sister.

IEP Content

IEPs contained all components required by PL 94-142 regulations except criteria for evaluating short-term objectives.

Most effort in preparing IEPs appears to be focused on annual and quarterly objectives, present performance level, and learning style.

Less attention is usually given to such elements as transportation plans, physical education services, and support services for parents and teachers.

The same objectives, methodology, specialized materials, and evaluation criteria are often found in IEPs for several children placed in the same program. Often these elements are stated in general terms and appear to be related more to the curriculum of the program than to the unique needs of the child.

No IEPs specify the criteria for moving the child to a less restrictive program.

Diagnostic Program

Diagnostic programs are sometimes used to allow placement of the child when diagnosis or objectives remain unclear.

IEP teams usually write a temporary IEP, rather than stating specific questions to be answered by the program as required by state regulations.

Diagnostic procedures are often an extension or refinement of the original evaluation rather than an attempt to answer specific questions.

Children remain in the program for less than eight weeks and a new IEP is written, but those conducting the program usually do not maintain the continuous contact with the IEP team called for in state regulations.

Notice to Parents

Parents are often asked to sign IEPs at the IEP meetings.

Two copies of the IEP are routinely sent to parents once it is completed.

The LEA does not send the detailed notice required by federal and state regulations.

None of the parents in this group have rejected an IEP or requested an independent evaluation, though some have neglected to sign the plan for several weeks.

Implementation

In most cases the IEP is implemented immediately after parental consent.

In three cases children were placed before parents had consented to the IEP, though the parents had informally agreed to the placement in two of these cases.

No placement was changed as a result of a diagnostic program.

Liaison, Monitoring, and Review

In all cases a liaison person was designated and has prepared quarterly reports for parents and the IEP team.

Review meetings were held near the beginning of placement in three cases; in one of them, a re-evaluation was conducted before the meeting.

A new IEP was written only in the case of the re-evaluation; in another case an addendum was written, and in the third no action was taken.

Year-end IEP review meetings had not yet been held by March 1980.

In most cases, then, PL 94-142 regulations governing the IEP process are routinely met. The chief exceptions are the omission of notice to parents on completion of the IEP, the lack of specific criteria for evaluating children's progress toward short-term objectives, and the occasional practice of writing an IEP after the child has been placed. Chapter 766 regulations are in general more detailed and stringent, and some of them are not always met by the LEA.

In some phases of the IEP process, the presence of particular components varies considerably among cases. Most of this variation, however, is in a circumscribed range considered appropriate by both school personnel and parents, and can be explained fairly readily by surface characteristics of the cases. These include the following.

1. Preschool or elementary placement. The two preschool programs are center-based, essentially self-contained classrooms. Only one of them--the preschool lab--includes nonhandicapped children. The elementary programs in our sample place the child in regular classrooms, and for up to 25 percent of the time outside the class in individual or small-group instruction with a specialist. Whether a child is in a preschool or

elementary program influences several aspects of the IEP process. School administrators, apparently regarding the preschool programs as somewhat outside their purview, are less likely to attend preschool than elementary IEP meetings. Preschool IEPs are more likely to specify specialized materials and equipment, which are routinely used in preschool classes, and to recommend parent-child instruction. They usually include a transportation plan, as preschool children do not use regular LEA transportation.

2. School personnel in charge of IEP and program. Some IEP characteristics depend on who will be teaching the child and who completes the IEP document. Typically, each service provider writes his or her own goals for the child. The specialists working with the children in our sample differ in the extent to which they tailor goals to each child. Of course, the objectives vary with the service provider's specialization. The long-term objectives written for each case by the preschool lab teacher are frequently similar. The one IEP for a preschool-lab child written by a speech pathologist, on the other hand, contains only speech-related objectives and does not even specify the services the child is to receive in the lab. The inclusion or omission of IEP items often depends on who is completing the form; for example, only one of the IEPs completed by the preschool lab teacher specifies whether services are to be provided in the regular or the special program. Finally, and perhaps most important, the personal characteristics of school staff interact with those of parents and children in more subtle ways to influence the outcome of the IEP process. The interactions will be discussed at length later in this chapter.

3. Type and severity of handicap. Preschool children with substantial disabilities are less likely to be placed in the preschool lab, and are more likely to obtain services from more than one specialist. Severity of handicap obviously influences the services and goals specified in the IEP. Because more than one person may write objectives when many services are provided, the objectives for these children are likely to be more diverse in both content and style, as are the teaching methods, specialized materials, and evaluation methods. Cases of substantial disability are likely to involve more specialists in the evaluation and IEP meeting as well as in service delivery, and the relationship between school personnel, parents, and children becomes more complex.

4. Form used for IEP document. It seems almost trivial to point out that the form on which the IEP is written affects its content. Some of the changes made in the forms in 1979, however, influenced not only IEP content but also the attitudes of school personnel toward IEPs. At one of the first meetings using the new forms, the chairperson remarked:

We are using new forms for the IEP, and we are supposed to be more specific in writing our objectives.

On the new forms, long-term objectives and teaching approach must be linked directly to the child's performance level; previously, performance level and teaching approach were separate categories in an addendum to the IEP and seemed almost an afterthought. On the other hand, because the new forms provide no space for a physical education plan, these services are less likely to be specified than before.

In addition to the four sorts of variation described above, cases also varied in ways that both school personnel and parents considered extraordinary,

outside the "normal" range. Among these cases are the following.

1. Scheduling: Case 02. The nine-month interval between referral and IEP completion was greater than that for any other case, and was the only instance in which parents believed needed services to be unduly delayed.
2. Parent participation: Case 13. Although the father eventually attended the IEP meeting, both parents' arrival at the wrong time and their subsequent failure to attend made it seem possible that neither parent would attend.
3. Meeting participants: Case 07. The parents were accompanied to the first IEP meeting not only by a professional advocate but by the child's preschool teacher, who herself has a handicapped child and is known as a vigorous advocate. This was the only case in which parents were represented by anyone other than relatives or friends.
4. IEP content: Cases 06 and 09. The lack of an IEP document in case 06--indeed, the apparent lack of any notification to the parents of the results of the IEP meeting--was highly unusual. The absence of specific objectives or services in case 09 was also extraordinary, though explained at least in part by the designation of the child's "prototype" as one involving only "monitoring" by specialists.
5. Implementation: Cases 05, 10, and 13. In each of these cases, the child received some services before the IEP was completed and the parents had consented to it. The circumstances of cases 05 and 10, in which the parents requested the services and agreed to the IEP delay, were quite different from those of case 13, in which only one parent grudgingly agreed to the provisional services.
6. Review: Cases 02, 07, and 11. After inconclusive assessments in

cases 02 and 11, the children were assigned to diagnostic programs pending additional evaluation; in case 07, the child was placed in a pre-school program but was re-evaluated. In these cases the IEP meetings and documents that resulted were quite different from the original ones.

These six types of cases are more difficult to explain than the lesser variations among IEPs found in most instances. They require us to look beyond the mere presence or absence of components of the IEP process. The cases share a number of characteristics. Here the present or absence of IEP elements had a decided effect on the child and family. And not only do the components of these IEPs differ substantially from those of most others, but the process itself--how the IEPs were developed--is unusual. The child and family characteristics and patterns of family-school interaction also differ from those in other cases. Not surprisingly, we have described the parent-school relationship in most of these cases as at least temporarily maladaptive.

With these cases in mind--and with the aim of exploring how they differ from other cases--we will now analyze the structure and texture of the IEP process itself. Finally, we examine variations in IEPs from the perspective of our model of mutual adaptation between school and family.

THE IEP PROCESS

In this section we examine the IEP process as it occurred for the families in our sample. We describe the IEP meetings and the development of the IEP. We look at the way people and documents were prepared for the meetings, how meetings were structured, how staff and parents participated, how goals were determined, and how placements and services were decided upon. We examine the relation between assessment, goals, and programs. Finally, we discuss

the usefulness of the IEP to families and staff.

Preparation for the Meeting

In one way or another, parents and staff all prepared for IEP meetings. Parents tended to do so in less formal ways than LEA staff. For example, none of the parents in this group came to the meeting with notes or other prepared material. Many of them, like the mothers in cases 02, 10, and 07, sought information about the IEP process from friends and relatives. Often the people they asked were or had been teachers or had children who had been assessed for special education services. In two cases the pediatrician was consulted. Parents wanted to know what would happen at the meeting; many were also concerned about what was expected of them. It seemed that parents generally needed to know about the process and to predict the possible outcome of the meeting. They sought clarification of their roles as well as of those of the school staff.

Many parents spent considerable time considering the services they thought appropriate for their child and the placement that would best provide them. Although they had some general ideas about the child's needs and the kind of help they thought desirable, they had no specific objectives; they relied on the school staff to provide these as well as to suggest how they might be attained.

The LEA staff often did a great deal of formal and informal preparation for the meeting. In almost every instance it was clear that the members of the team had consulted with one another about the child's disability; appropriate educational goals; type of placement; the teachers and special-needs staff suited to the child's program; and the best chairperson. It was also clear that in these decisions, the practical issues of case load and staff availability were as important as any others.

In some instances, staff even wrote goals and objectives before the IEP meeting. Their reasons were that it expedited the procedure. In cases they saw as clear-cut and where they anticipated no controversy, it was "just easier for everyone." More often the staff informally agreed on the appropriate program, presented their evidence to the parents, and then developed the IEPs.

The Meeting

Most of the meetings took place after school, although a few were scheduled for the morning. In the latter case, classroom teachers were released from their classes to attend. As we showed in Chapter II, all of the participants required under PL 94-142 attended each IEP meeting, and the conduct of the meetings was very similar. Each was held in a reasonably convenient area in the school in which the child was enrolled or where the placement of choice was located. Although no conference room or other space designed for small meetings was available, suitable places were found, and IEP meetings were clearly high on the list of school priorities. Meetings were held in libraries, the teachers' room, small treatment rooms adjacent to special needs classes, or even the classroom itself. A notice that an IEP meeting was in progress was posted on the door and meetings were seldom interrupted.

In every case we observed, the staff tried to create an atmosphere of relaxed informality. They were cordial to the parents and welcomed them to the meeting. Usually some members of the team already knew the parents. Some had made home visits, others had tested the child, and others had simply telephoned to consult informally with the parents about their expectations and goals for the child. Occasionally, the atmosphere was less cordial. In one case it appeared that school staff had already had some indication that there might not be unanimity on program plans. In another, the assessment attempts

had been particularly problematic and the staff were frustrated and annoyed that they could obtain no clear-cut and coherent picture of the child's problem. In a third case the family had a history of children with problems and the parents were considered uncooperative and difficult to deal with. In spite of this, the staff made an effort to put the parents at ease.

Parents and staff usually gathered around a table and discussed the child and his program under the direction of the team chairman. Assessment reports were presented, each specialist in turn summarizing the results of his or her assessment and often citing examples of the child's behavior during testing. Since the results had usually been informally transmitted to parents at the time of assessment, we had the impression that there were few surprises. In only one case, case 13, was the parent dismayed: he reported that the school presented a picture of his child that "just wasn't the way I had seen him." He first reacted angrily, but later reported that he began to look more carefully at the things the school staff had said his son could not do and had to agree with some of them.

The presentation of reports followed no particular sequence. A typical pattern for prekindergarten children was that of case 05. In addition to both parents, the following attended the meeting: the teacher of the special education class for preschool children, a speech therapist, a psychologist, an adjustment counselor, two physical therapists, an occupational therapist, and a school nurse. They presented their reports thus: speech therapist, adjustment counselor, psychologist, nurse, teacher, physical therapist, and occupational therapist. As each concluded his or her report, parents and other participants were encouraged to contribute additional information. At the elementary level, the classroom teacher often reported first, followed by the various special

education staff. Here too, parents were given an opportunity to agree or disagree with the findings.

LEA staff almost always seemed aware that they might increase parental anxiety and tried to avoid doing so. Thus they usually first brought up the positive things, reporting strengths before weaknesses, even when this required some imagination. For example, case 09, a child who was repeating first grade and falling behind again, was described as "doing average work but needing extra services." The ensuing report then gently revealed poor academic achievement and raised the possibility of cognitive delay, complicated by emotional immaturity or disturbance.

Assessment information was presented in one of two ways. The first was rather informal. Many of the specialists who used this style had observed the child informally or clinically, often described as "I played some games with him." Observations were generally presented rather tentatively, and phrased to encourage parental response. The effect was to draw the parents into the meeting and to begin to establish a dialogue among meeting participants.

The second style of reporting was more didactic. In spite of the generally tentative test results that plague assessments of all young children, due more to test quality than child performance (Haney, 1979), proponents of this style attempted to link diagnosis closely to data. Specialists reported test results, sometimes in terms of scores, sometimes in terms of developmental levels. For example, for an IEP meeting for case 02--a four-year-old with a long-recognized but poorly understood language delay--the speech therapist brought with her the tests she had given the child. She explained their purpose and gave detailed information, such as his mental age and IQ score on the Peabody Picture Vocabulary Test and Preschool Language Inventory. She then

tied her diagnosis to other tests, including the Carrow Elicited Language Invoice, on which he demonstrated "specific syntactic immaturities." She cited specific deficits, such as failure to use articles, errors in the use of personal pronouns, inability to use ancillary forms of irregular verbs, and difficulty in forming questions, particularly in the inverted form.

The mother listened attentively as the material was presented. She had said at the outset that the child was content in the placement and seemed to be speaking more at home, eager to talk about what happened in school and on the way home. She was very pleased. She was not surprised or overly concerned with his problems of syntax or his articulation. Her concerns centered around his peer interaction and his overall adjustment to school. The mechanics of the language delay and its implications for the future did not trouble her at this time.

This style of presentation was used most often with handicaps that are fairly discrete and for which school personnel had identified tests that they felt provided adequate information. At the prekindergarten and kindergarten level, these tests included assessment of speech and language, general intelligence, and sensory integration. At the early elementary level, achievement scores were also reported. Emotional stability, social competence, and behavioral organization tended to fall to the more clinical type of assessment and reporting.

The effect of the two reporting styles on families varied. Some families, like 02, listened politely but without great interest to the test details. Others, such as case 07, were thoroughly confused by the excessive diagnostic detail about their child's sensory integration and left the meeting angry and defensive. The mother said,

They talked a lot [the meeting lasted over two hours] but I still don't know what the problem is. And I don't think they do either.

Most of the parents in our sample showed little understanding of the test information, and seemed less concerned about it than about what the school staff planned to do for their child. Many of them quietly listened to the litany of data and asked few questions. Others failed to see a connection between test findings, proposed educational treatment, and anticipated consequences. Communication quickly became unilateral, the school staff telling the parents what the child's condition was and what should be done about it. Cast in a passive and apparently incompetent role, parents were then unable to begin a true dialogue with school personnel. For them, participation started after the IEP meeting as their child moved into services. The passivity of parental participation is consistent with the findings of Yoshida and Gottlieb (1977).

When all the assessment information had been reviewed, the parents were given the opportunity to respond, or to present their own impressions of their child and his educational needs. The chairperson then summed up the meeting and suggested goals that would provide the essence of the child's program. Usually the summing up followed the sense of the meeting fairly closely, but sometimes the priorities were reordered from those suggested by the presentations. In these cases, it seemed that the chairperson had decided before the meeting what should be done, and that perhaps the presentation of the evidence had deviated slightly from his or her expectations. Parents never commented upon the shift in emphasis. They were not especially made aware of the change in direction.

After deciding upon the goals, the group discussed what often seemed to be the major question: placement and services. It was here that the few disputes we observed surfaced. In one case, 10, the mother was adamantly against one teacher. In another, case 13, the parents refused to have the child placed in

the prekindergarten lab school, insisting that he be placed in the kindergarten in his neighborhood school instead. In both cases, LEA staff acquiesced, but clearly with reservations.

The Document

As discussed in Chapter I, the definition of goals and objectives in IEPs varied considerably. In some, the goals were vague and general. In case 09, for example, the initial IEP document specified only that the child would "develop first-grade skills and improve self-confidence." The second evaluation and the IEP revision were somewhat more precise, specifying three goals: the child was to improve auditory skills, to improve visual skills, and to work with the adjustment counselor one period a week to express verbally any feelings about pressures contributing to her anxiety.

In other cases, objectives were more specific. In case 10, for example, they were that "by the end of the year the child will know five short vowels; will know sight vocabulary and learn to blend sounds; will perform addition and subtraction operations; and will perform handwriting exercises successfully." However, while some goals were more detailed, the teaching approach and methods remained vague: "a multi-sensory approach; a student-based approach." As in several other cases, the parents seemed unaware of the purpose of specifying goals and of their links with instruction.

Certainly neither goals nor treatment were specified in sufficient detail to guide decisions on instruction, or to give parents any clear idea of the educational experience their child would have. Instead, we believe that defining goals and treatment forces all parties involved in the child's education to stop periodically and examine the child and his progress; and the document provides a basis for future discussions.

MUTUAL ADAPTATION AND IEP PROCESS

A review of both adaptive and maladaptive cases through March 1980 leads us to three conclusions about the relationship between IEPs and adaptation.

First, the characteristics of families, LEA personnel and procedures, and children that we described in Chapter III in connection with adaptation in general are also relevant to adaptive conduct of the IEP process. Family characteristics that are particularly important are family unity, parents' attitudes toward the handicapped child, their expectations for services, their educational values, and their attitudes toward professionals, schools, and procedures. Parents are likely to regard the IEP outcome as successful when they have previously accepted that the child is handicapped and needs special services, and have jointly developed a clear picture of the services most appropriate for the child. This process is in turn more likely when parents view education as a means of self-fulfillment and advocate shaping educational services to meet the unique needs of their child. Finally, parents most effectively present their positions in IEP meetings when they view school professionals as colleagues, schools as a resource, and procedures as the means of obtaining services. This does not mean that parents must always agree with school personnel; rather, it implies that they view the IEP process as a forum for rational discussion among partners in the education of the child.

School personnel are likely to contribute to an adaptive IEP process when they have positive expectations of the family, view the parents as colleagues and fellow parents, have appropriate resources to meet the perceived needs of the child and family, can coordinate diagnoses of the child's needs with the delivery of services, and are willing to compromise within the framework of the IEP process.

Children's characteristics contribute to the formation of positive expectations for the results of services. School personnel often appear more enthusiastic about working with children who behave appropriately, are outgoing, and evince cognitive potential despite their disabilities. The most successful IEPs tend to be those in which the child's disability is well defined and the educational prognosis reasonably clear. In these cases there is less likelihood of disagreement about services. Evidence of the child's progress also seems to make IEP meetings held after placement more successful.

Our second conclusion is that, when individual cases are examined, the required procedures in the IEP process seem to have less influence on adaptation in themselves than as a framework for parent-school interaction. The IEP meeting provides one setting--usually an important one--in which school personnel and parents exchange views about the child's needs. For most parents and staff, the IEP document is of less concern than the atmosphere of consensus that is the valued outcome of the IEP meeting. Only in cases of more extreme variation in the procedures--which are often cases that have not yet become adaptive--do the requirements take on intrinsic importance.

The third conclusion is that predictability greatly influences whether the IEP process will lead to accommodation or tension. IEP meetings tend to be successful when parents and school staff have had informal discussions before the meetings, or when an initial IEP meeting has already been held. In these cases parents and school personnel have come to know each other and establish mutual expectations, and discussion is often more relaxed and informal.

To understand how these three factors--characteristics of participants, parent-staff interaction, and predictability--influence the IEP process, it

is useful to examine the IEP meeting and document in the context of the transition from identification to placement.

Whichever party initiates referral, in the first stages of involvement with PL 94-142 families and school personnel often pursue separate but parallel paths. For most families, the period of identification and evaluation is a time of redefinition of the child's place in the family and of expectations for his or her future. Some parents whose child is seriously handicapped, as in case 05, or who have other handicapped children, as in case 10, have made that adjustment before the first contact with school staff. Other parents of severely disabled children, as in case 11, have come to terms with the handicap but have difficulty adjusting their expectations for the child in the school and peer environment. Most parents, however, begin with some notion that the child has an academic or behavioral difficulty, but have little conception of the child as "handicapped" or exceptional.

During the evaluation, parents, like school staff, are often preoccupied with the possible origins of and remedies for the disability. The parents' search for causes--unlike that of the school staff conducting the evaluation--are often eclectic and introspective. Parents turn for advice to trusted sources--sometimes school personnel, but more often teachers outside the LEA, friends in other school systems, or physicians. The opinions of these sources are frequently divergent and confusing. In coming to grips with the child's condition, parents may apportion responsibility among the child's previous school experiences, heredity or other organic factors, and their own child-rearing. Feelings of guilt and the fear of permanently labeling the child often dominate parents' reactions.

The concerns of school staff are somewhat different. The evaluation is, of course, intended to diagnose at least the general features of the child's

disability and point the way to placement and objectives of treatment. Sometimes, however, initial evaluation takes place under less than ideal conditions, as at the preschool screening or during a brief home visit. A tester unfamiliar with the child and the nature and severity of the disability may have difficulty obtaining clear results. Furthermore, school staff are concerned about many children at one time, and--particularly in spring evaluations--must as a practical matter take account of the number of places open in each class and the availability of staff to provide services.

Evaluation must lead to a decision about placement for the child--the central concern of both parents and school personnel. For parents, the placement decision depends on both their acceptance of a diagnosis of the handicap and their knowledge of placement options. Like their own assessment of their child, parents' investigation of placement options is generally quite unsystematic. A mother may hear about the preschool lab from a neighbor (case 04) or from a teacher of another child (case 03). Some parents, resisting the idea of handicap and need for services, may make virtually no effort to investigate placements (cases 09 and 13). Very few parents are acquainted with the idea of a continuum of possible placements as defined by PL 94-142, and fewer still investigate any outside those offered by the school system.

For the school staff as well, the placement decision depends on diagnosis of the child's needs and on the available placements. Most preschool cases are seen as appropriate for placement in the preschool lab or the class for more seriously disabled children. School staff consider individualization in these settings to result from additional services, such as occupational or speech therapy, and from the individual attention of classroom teachers. At the elementary level the placement options are more numerous, from "monitoring"

within the regular class to self-contained placements. At both levels, the school staff consider outside placements only as a last resort.

So far we have considered evaluation and placement separately for the family and for the school. There is contact between parents and school staff, but its extent and nature may differentiate adaptive from maladaptive cases. The first substantial communication is usually the home visit by a social worker or adjustment counselor, in which parents can discuss their perceptions of the child and school staff can gain an overview of the case. The participants may discuss placement options and may even come to an informal agreement; or the first sign of disagreement about diagnosis or placement may surface.

There may be little further communication between parents and school staff before the IEP meeting. In "intermediate" evaluations--as for the difficult cases 06 and 09--no home visit may be made before the IEP meeting. Lack of sustained home-school communication may not hinder adaptation so long as there is general agreement on the diagnosis and placement of the child. In most cases, however, informal parental discussions with responsive school personnel are important in keeping the separate decision making of family and school on parallel paths. This contact depends on the presence of some characteristics we have called adaptive--for example, parents' view of professionals as colleagues, and school personnel's empathy with the problems of parents.

By the time of the IEP meeting, family and school staff have usually reached tentative conclusions about diagnosis and placement. We have noted in Chapter III that agreement between the parents about the child's handicap and need for services is important in establishing an adaptive relationship. Through meetings during the evaluation and before IEP meetings, an analogous process of reaching consensus on the child's disability and needs takes

place among school personnel. This consensus is important in assuring a coherent presentation to parents and in coordinating services for the child. These, too, we have called adaptive traits.

Difficulties may arise under two conditions: when the child's needs have not yet been diagnosed, and when parents and school staff disagree about diagnosis and placement. The diagnosis may be ambiguous because of insufficient time for the evaluation, assessment that is inappropriate or too limited, or disagreement among those conducting assessments--whether inside or outside the school system--about the significance of results. Conflicts between parents and school staff may arise when the diagnosis leads the two sides to firm but opposing conclusions about the disability and appropriate intervention.

It is often at the IEP meeting that the paths of parents and school staff finally meet. Here too, the factors that influence the IEP process--participants, traits, social interaction, and predictability--intersect. The most adaptive IEP meetings--those that lay the groundwork for future communication and consensus between family and school staff--are often those in which placement has already been decided. Whether parents and school personnel can reach agreement before the IEP meeting depends on opportunities for informal contact, which in turn depend on many of the factors that we have classified as adaptive.

IEP meetings in which there is disagreement or conflict do not necessarily portend a maladaptive relationship. They may serve the important function of allowing the two sides to express opinions, doubts, and fears that may be resolved in subsequent meetings or informal negotiation. In these cases the IEP meeting works much like a successful home visit: as the first opportunity for a dialogue between families and school staff. Such meetings may open the path to family-school consensus, while meetings that are overtly more successful consummate the consensus.

It is clear from our observations that the formal requirements of IEP meetings and documents do not in themselves determine adaptation. Parents and school staff have remarkably similar views of some requirements; both, for example, often see the formulation of objectives for the child as a somewhat irrelevant task of the service providers. The importance of the legal requirements for IEPs is their function as a framework for a more informal interchange between parents and school staff in which consensus is reached.

It is important to note that accommodation between family and school does not imply an absence of stress. The most adaptive cases, in fact, appear to be those in which family and school staff each reach firm conclusions about the child's needs and each hold a strong, unified position. Adaptation takes place as they negotiate a consensus that leaves each side with a feeling of integrity and respect for the other. Though the consensus may need to be renegotiated in the future, an adaptive IEP process sets the foundation for continuing dialogue.

V. MUTUAL ADAPTATION: THE FIRST YEAR OF SERVICES

In the previous section we identified characteristics of families, children, and school personnel that influence mutual adaptation in the initial stages of the PL 94-142 process. We then examined how these affect the formulation of individualized education programs and the transition to the first year of services. Mutual adaptation, as we see it, is an interaction both among parents, children, and school staff, and between these participants and the provisions of the law. Not only do characteristics of the actors in the process affect how the provisions of the law are implemented, but the way in which the law is carried out can be expected to influence parents, children, and school staff and their interactions with each other.

In this chapter we discuss the effects of the first year of services on the children and families in our sample. In order to make our discussion parallel our earlier treatment of the traits that children and families brought to the PL 94-142 process, we have categorized the effects of the first year as nearly as possible in the same way as we categorized the initial factors contributing to adaptation. We have divided the effects on the child thus: academic progress; social relationships; and affect and self-image. To our discussion of the effects on families we have added a summary of the economic effects of the first year. Finally, we omitted some family characteristics, such as parents' educational experiences and educational values, that underwent little change. Because the focus of the study is on child and family characteristics, we do not deal directly with the effects of the first year on school personnel. These are discussed throughout this chapter, particularly in the treatment of parents' relations with the schools, and implications for school personnel are drawn at more length in the final chapter.

EFFECTS ON THE CHILD

Academic Progress

Strictly speaking, academic areas are the aspects of a child's curriculum that foster cognitive skills. Here, however, we are contrasting academic progress with that in social or affective domains, and our definition is correspondingly wider. Teachers' and parents' interpretation of academic progress, and their expectations of children in those areas, vary according to the child's grade level and severity of handicap. Like many preschool classes, the preschool lab, which consists primarily of mildly handicapped children, offers instruction in kindergarten readiness skills and support for more general developmental tasks: visual and auditory perception and processing; fine- and gross-motor skills; speech and language; attention and "impulse control." The preschool lab curriculum focuses particularly on language development and the ability to sustain attention to tasks and to follow classroom routines. In contrast, the preschool class for moderately to severely handicapped children includes work in the same general areas as the preschool lab, but for most children the level of instruction and expected attainment is considerably lower. There is more emphasis on self-help skills such as feeding, dressing, and toilet training. Elementary-school children with mild handicaps are generally helped to develop the skills necessary for the regular-education curriculum: reading, writing, spelling, and math. Special instruction often centers on disabilities such as auditory or visual processing problems, conditions that hinder progress in the regular curriculum. There are no moderately or severely handicapped elementary school children in our sample.

Different observers use different measures of progress. Specialists tend to rely on the results of standardized tests; in six cases, specialists

administered one or more tests in the spring of 1980 and compared the child's performance to the original assessment. Teachers gauge children's performance to the original assessment. Teachers gauge children's performance by observing them informally, often reviewing their quarterly reports to make a summary judgment of progress over the year. Parents usually infer progress from inspection of the child's work and from report cards and quarterly progress reports; often, naturally enough, their opinions are heavily influenced by those of the teacher. Furthermore, different standards of progress are applied to different children and associated with different measures. For standardized tests, of course, standards are usually expressed in percentiles, age levels, or grade levels. At the preschool level, the standard is often the child's standing in relation to somewhat vague notions of developmental level or academic readiness. In the elementary grades, a common standard of progress is the child's relation to the curriculum and to others in the class; for example, teachers and parents are often concerned about which reading group the child is in, which reader the group is working on, and whether the child is reading "at grade level." Thus, while the reference group may vary, the child's progress is most often measured against that of a group of "average" children. A striking aspect of our cases is how seldom the child's IEP goals are used as a reference point for assessing progress: in no case did teachers, specialists, or parents explicitly and systematically question whether the goals of the IEP had been met.

By the standards that the participants used, there were five cases of clear academic progress in our sample: 01 and 02, preschool lab children; 05 and 11, children in the preschool class for the moderately handicapped; and 10, an elementary school child. In 1980 child 01 had an above-average

score on the Wechsler Preschool and Primary Scales of Intelligence, judged comparable to his 1979 score on the McCarthy Scales of Children's Intelligence. He also scored at age level on the Beery Visual Motor Inventory. The teacher noted that he had a long attention span and good fine-motor skills, and a researcher observed highly patterned block construction. He still stuttered and made articulation errors, but this was considered minor. Child 02 also had an above-average score on a test that purports to measure cognitive ability, the Peabody Picture Vocabulary Test, and a high score on the 1980 Eliot Pearson Screening Test (EPST), which the LEA used for screening. In speech, his area of primary disability, a therapist found him making fewer articulation errors and expressing himself in fuller sentences. Child 05, who is orthopedically impaired, had a PPVT score above her chronological age, indicating above-average intelligence. Her teacher and school specialists judged her to have good language skills and understanding of tasks, but some visual-perceptual and -motor delays. The same teacher found child 11, who has Down's Syndrome, much improved in readiness skills (copying a circle, matching colors, imitating counting, knowing body parts); receptive and expressive language; and self-help skills (pouring, dressing, washing, feeding). Child 10 had above-average reading comprehension, though his reading skill and fluency were still lagging at the end of the year; his oral reading, from a 2-1 level reader, was improved but still hesitant. His spelling and math were at grade level, and his writing was described as much improved. While all five children will receive services in 1980-81, school staff and parents anticipated that children 01, 02, and 10 would need few if any services beyond that year. However, in cases 02 and 05 there is a possibility of continuing cognitive impairment: possible learning disabilities in case 02, and possible brain damage from

cerebral palsy, meningitis, and hydrocephaly in infancy in case 05. There have been no definite signs of impairment in either case, and both school staff and parents remain optimistic that there will be none.

In three cases--two children in the preschool lab (03 and 07) and one in elementary school (06)--academic progress has been mixed. Child 03 attained above-average scores on the PPVT and auditory memory portions of the ITPA, an improvement over his average to below-average 1979 performance on the McCarthy Scales. However, the teacher describes a pattern of alternating progress and regression during the year. The child recognizes few letters and cannot count with one-to-one correspondence, and his expressive language is still marked by hesitation and a tendency to whisper or seek physical contact while talking. For child 07, the teacher and specialists have noted a longer attention span. The child can print his name and recognize letters, and his fine-motor and visual-motor skills have improved. These abilities remain delayed, however, and specialists note continuing difficulties with body and spatial awareness and with such gross-motor skills as throwing and catching a ball. Although he received no special education services, child 06 improved in reading in third grade; he was in a regular reading group, working successfully at six months below grade level. He had difficulty remembering multiplication tables, and both the teacher and his parents remarked on the syntactic errors in his writing and speech.

Three children, one in the preschool lab (04) and two in the elementary grades (09 and 13), clearly lagged in academic progress. Child 04 scored in the 20th percentile on the Boehm Test of Basic Concepts, and on the McCarthy and Merrill-Palmer Scales had difficulty in analyzing visual patterns and in expressive language and language interpretation. He scored poorly on the

kindergarten screening test, particularly in drawing a figure, copying and remembering forms, and block building. The teacher reported an improved attention span and somewhat better verbal skills, but little letter recognition. Specialists are concerned about mixed eye-hand dominance and possible auditory-memory deficits. Child 09 attained below-average scores on the Daniels and Diack spelling test and the Slossen reading test. Though frequent absences made it difficult to assess progress, a specialist reported that the child writes the alphabet slowly and with reversals, that sight words and vowel sounds are weak, and that knowledge of number facts is lagging. Although the child was repeating first grade, the classroom teacher considered her reading and math performance to be six months behind grade level. The progress of child 13 was difficult to assess because of his general lack of interest in academic work. He appeared to a researcher to have learned few readiness skills, and his speech remained almost incomprehensible, although his teacher said that she could usually understand him. In all three cases, teachers and specialists were more concerned about the children's lack of progress than were the parents who seemed to have little idea of appropriate standards for their children. In case 13, specialists were more pessimistic about the child's progress than the classroom teacher, who acknowledged that he performs well below his peers in kindergarten but was committed to advancing him to the next grade. She seemed to see retention as a betrayal of the child and advocated strongly in his behalf.

Social Relationships

As with academic progress, different observers have different measures for a child's social development. Preschool teachers, for whom socialization is a major goal, define social success in more detail than do elementary

teachers or parents. In preschool, social development is considered appropriate when a child engages in more cooperative and less parallel play, uses more language and less physical contact or withdrawal in interactions (especially disputes); does not seek attention or try to control others for the sake of attention or control alone; and can get what he wants in socially acceptable ways. Most parents and many elementary school teachers appear to have a less articulated view of successful social relations, resting on more general notions of whether a child has friends, avoids fights, gets along with siblings, and generally seems to be happy and to enjoy school.

In our sample, two children at each service level were judged to have made progress in social relations: cases 01 and 02 (preschool lab), 05 and 11 (preschool, moderately handicapped), and 06 and 10 (elementary school). The preschool lab teacher described children 01 and 02 as sometimes "manipulative" and in control of others, but not pejoratively; to her, this indicated greater assertiveness and maturity in social relations. Both children also engaged in symbolic or fantasy play. The teacher noted that child 01 learned over the course of the year to take turns, and a researcher observed that he played cooperatively, made more use of language, and appeared more independent. Child 02, with a speech disability, still avoids using language in conflict or other stress situations. Child 05 was one of four children in her class who interacted with others regularly, and the teacher considered her well socialized. By the end of the year child 11 appeared to both the teacher and a researcher to seek peer interaction, play spontaneously in parallel, and follow the classroom routine, all improvements over his earlier behavior. The teacher of child 06 described him as a "leader on the playground," and he had three close male friends in the class. The mother of child 10 reported that by the end of the

year he played more with neighborhood children, particularly those who, like him, preferred active play.

Two children in the preschool lab, 03 and 07, had mixed progress in social relations. The teacher observed that child 03 had learned to play cooperatively and to seek the company of his peers, and his mother confirmed that he now spent more play time with other children. The teacher added, however, that it was still difficult for him to share, and that he became frustrated when other children usurped his turn in class. Child 07 appeared more open, expressive, and relaxed as the year progressed. He participated more in group activities and played with more children than he had early in the year; his mother added that he had also begun to make overtures to neighborhood children, albeit from a distance. However, the teacher still found him shy and wary; he still tended to play in parallel and to attempt to control other children in the class.

In one preschool (04) and two elementary cases (09 and 13), social relations remained cause for concern. When the preschool lab teacher described child 04 as "manipulative," she was less sanguine than when she used the same term for children 01 and 02. She reported that child 04 continued to seek attention in negative ways, often bullying other children and getting into fights; and that, though he sometimes shared toys, it was usually with the intention of controlling the children to whom he gave or denied them. The parents reported that the child did not get along well with his neighborhood peers either, and the teacher told them that his "predelinquent" behavior could lead eventually to placement in a separate class. In case 09, the mother said that the child had friends living next door but few others in the neighborhood. She also reported that the child felt ostracized at school and described how another

girl had called the child names because of her need for special education services. Child 13 was observed to play in parallel, and rarely cooperatively, in his class. According to a researcher, his few attempts to play with his peers were often rebuffed.

Affect and Self-Image

Preschool teachers and school adjustment counselors were most concerned about children's emotions and self-image, though many parents also believed these aspects of their children's development to be important. However, measures and standards were much more diffuse than those for academic progress or social relations. Anxiety, frustration, and anger appeared to be the emotions that caused most concern; the object was frequently not to eliminate them, but to have them expressed in acceptable ways, particularly through language. Both school staff and parents contrasted independence and self-confidence with feelings of inferiority or stigma. The preschool lab teacher further sought to promote children's grasp of the distinction between fantasy and reality, a goal she expressed often in her relations with her students. The affective domain was seldom addressed at length in IEP documents, but it was often a prominent issue in IEP meetings and other parent-staff discussions.

Four children, 02, 05, 11, and 10, appeared to improve in affect and self-image. The preschool lab teacher described child 02 as less shy in social relations and more self-confident and assertive. Despite constraints on her mobility, child 05 participated enthusiastically in class activities and appeared almost unaware of her handicap. The teacher reported that child 11 had become so independent over the course of the year that he insisted on doing for himself what he was able to do and resisted adult attempts to dominate his behavior. The mother of child 10 said that he had misgivings

about leaving his regular class for special-needs tutoring, which he associated with some deficiency in himself. On the other hand, she described him as more self-confident, and said that signs of anxiety, such as stomach aches, had disappeared during the year. She considered the improvement in his self-confidence to be one of the most important results of his special services.

Two children, 07 and 06, showed mixed progress in affective areas. The preschool lab teacher said that child 07 had become more trusting of others, and that his increased self-confidence was reflected in his efforts at social interaction. However, the teacher reported that it remained difficult for him to express anger, and his mother acknowledged that he still engaged in verbal rituals at home. Child 06 appeared to his teacher and a researcher to be more self-confident in class, volunteering to read and answer questions. His mother, however, considered him to be still "immature," and he remained easily frustrated. According to his mother, he has become more aware of his status as an only child, and is acutely conscious of his limitations. The mother is less concerned, viewing the child's self-image as a sign of realism.

For five children--01, 03, 04, 09, and 13--affective issues were of concern at the end of the year. The preschool lab teacher noted that child 01 engaged in extensive imitation of "super-heroes," which to her indicated a desire to compensate for doubt about his own abilities. She reported that after a trip to another state in which he had lived, the child became anxious again, and his stuttering, which had diminished, returned. Child 03 appeared to be still unsure of himself, preferring to consult adults when asked a question and being reluctant to initiate verbal contact. His mother said that he had begun to sleep with his parents quite often. The preschool lab teacher believed that child 04 used verbal skills and bravado to mask weaknesses

in other areas, and attributed his preoccupation with "super-heroes" to much the same reason. In the spring the child, who had been toilet trained, began to soil himself again. In case 09, the child's emotional state was the subject of conflict between school staff and parents. School personnel found the child cooperative in school but anxious about attending. They believed that she was ambivalent about her role in the family and that this impaired her performance in school. The mother argued that the child's frequent absences were due to illness, denied the role of family relations or affective issues in the child's performance, and stressed instead the stigma that resulted from name-calling incidents in school. In case 13, school staff and parents have had little discussion of affective issues, but it is likely that the child's emotional stability has been shaken by such family traumas as the disappearance of an older brother and his recurrent conflicts with authorities.

In a few cases the child's emotional status was judged to have suffered a setback. The emphasis placed on this varied from case to case. In cases 01 and 03, the child's regression was discussed in parent-staff conferences and IEP meetings. However, since both parties acknowledged its importance but considered it temporary, and since there had been overall progress since the beginning of the year, it was not deemed a source of major concern. However, in cases 04 and 09, parents and school staff disagreed about the source and importance of affective factors. School staff emphasized the affective issues and contended that they were related to strained family relations; parents considered them less important and were reluctant to agree that they stemmed from stress in the family. The two sides disagreed about the need for professional intervention.

In addition to substantive disagreement, part of the difference in emphasis between the two sets of cases arises from the quality of family-school relations: by the end of the year these were primarily adaptive in cases 01 and 03, and maladaptive in cases 04 and 09. The difference appears also to be associated with the child's performance in other areas. In cases 01 and 03, affective issues arose in the context of clear or mixed academic and social progress, while in cases 04 and 09 they were associated with deteriorating performance in both academic and social domains.

EFFECTS ON THE FAMILY

Economic Effects

PL 94-142 requires that the local education agency provide a free, appropriate public education for handicapped children. These include evaluations, educational services, transportation--for which there is, of course, no charge to the families. However, although there are no direct costs to parents for their children's education programs, there are a number of indirect costs, many of them associated with services somewhat marginal to education.

School staff frequently recommend therapy at a regional mental health center for children or parents who they think would benefit from psychological, psychiatric, or social-work counseling. However, although the staff may feel strongly that treatment is warranted, the suggestion is often made informally and is not written into the child's IEP. Counseling was recommended for four children in our sample, 01, 04, 07, and 09. Two received treatment in 1979-80. In case 01 the parents (aided by insurance) paid for the sessions, while in case 07 the parents insisted that the recommendation be written into the IEP and that the LEA pay. In cases 04 and 09 the parents refused therapy

although the schools offered to pay for it. Although the prescription for psychiatric support is usually based on need, decisions about assuming costs and accepting service are more ambiguous. For the former, all other things being equal, it is often the squeaky wheel that gets the grease. In the latter, awareness of and confidence in the treatment seem to condition acceptance. However, whether or not the outcome is treatment, recommendation itself entails at least indirect costs to families and staff in time and energy.

Cases 07 and 10 have also involved other professionals at no direct cost to themselves. In case 07 the parents have consulted professional advocates, and with their encouragement have insisted on an independent neurological evaluation of the child. However, the advocates are from an office of the state government and charge no fee. Moreover, at the parents' behest, the LEA paid for the outside evaluation. In case 10 the parents obtained an independent evaluation by a private physician, paid for by the parents and their insurance. As in case 09, parent-school relations in case 10 have been amicable, and the mother explained that she did not mind the cost; she considered the LEA's evaluation to be sufficient, and her own desire for a second opinion beyond what the LEA should be expected to pay.

Attending IEP meetings may have economic effects for working parents. In only one case, 04, did a father say that he had lost income from time taken to attend an IEP meeting. Most other fathers who attended meetings were salaried and were not penalized for their absence. In at least one case (09), however, a father was unable to attend an IEP meeting because he was working, and several other parents mentioned that the fathers would have attended if the meetings had not conflicted with their work schedules. No employed mothers lost pay while attending meetings, and no mothers paid for child care to attend, though several called on relatives or friends.

Looking now at the glass as mostly full instead of partly empty, we found that the preschool programs actually had economic benefits for families. The preschool lab, in particular, offers the only free preschool program available in the community. The mother of child 03 has said that she would not have been able to send the child to a full-time private preschool program. The parents of child 02 and 04 made the same statement and added that the prospect of free preschool was a major factor in their agreeing to the original evaluation. While the program has been a boon to children, then, some parents of preschool children may be motivated as much by economic considerations as by the special educational needs of their children in seeking or agreeing to referral.

Parents' Relationship with Each Other

Family unity. In the initial stages of the PL 94-142 process we found that some parents seemed consistently to discuss their children's needs, agree on appropriate services, and present a unified and mutually supportive front in dealing with school staff. Other parents failed to reach agreement or provide mutual support, and at times undercut one another's efforts.

The first year of services has brought no major changes in family unity. In fact, in some cases the events of the year appear to have reinforced earlier patterns. In case 07, for example, the parents' continuing adversarial stance toward the schools has drawn them into still greater agreement to press for an independent evaluation. In case 09, on the other hand, conflicts between the parents and family problems, such as the deteriorating health of the child's great-grandmother, have placed more stress on the parents, and it remains difficult for them to agree on the child's needs or the proper way of dealing with the school. The mother denies that conflicts with school staff have contributed to family disunity. Yet she remains more amenable than the

father to services for the child. The father, while refusing counseling for himself, has said that his wife might benefit from it. In this case, as in others, it is likely that adversarial relations with the schools may temporarily unite the parents, but prolonged conflict and the child's lack of progress may contribute to underlying family tensions. One year of services is not long enough to assess these possible effects.

Distribution of parental responsibility. In most families in our sample, the father is the primary breadwinner and the mother deals with child care and domestic tasks. This is true even where the mother works. The pattern has changed little during the year, although in case 02 it may have become more pronounced as the father has begun to take courses to advance his career. The outstanding exception is case 04, in which the mother took a full-time evening job in the spring. The father, who arrives home from work at 3:00, has supervised the children's after-school and evening play, fed them, bathed them, and put them to bed. He says that he enjoys these tasks and that the children are comfortable with the arrangement, although some of the school staff suspect that child 04's incontinence may be related to anxiety over separation from his mother.

The mothers of children in preschool classes, particularly those who have no younger children, now have more time during the day. Several mothers, however, were disappointed to find that the extra time was inadequate for them to take up new activities. Some acknowledged that they were more relaxed because of time away from the children, but had not much changed their daily pattern of activities. The mothers in cases 03 and 04 said that they often did more housework or ran errands that they would otherwise have postponed.

A striking finding is the involvement of fathers in the PL 94-142 educational process. The most dramatic example is case 05, in which the father has joined several community advocacy organizations for parents of handicapped children and has even joined the board of directors of one. In case 04, the father, who had had no previous contact with school staff, took time off work to come to the spring IEP review meeting, where he made most of the parents' contributions to the discussion. The father in case 13 attended both the fall IEP meeting and the spring IEP review; though he disagreed with school staff, his questions and comments related more directly to the child's educational needs than those of the mother, who attended only the review meeting. In case 09, the mother continued to deal with school staff, making placement decisions at the IEP meetings and later justifying them to the father. Though the father remained hostile to many of the school staff, he did express willingness to meet with them and tried to take time off work to attend the spring IEP review. These cases are noteworthy because they include both adaptive (05) and unresolved (04, 09, 13) parent-school interactions. Apparently greater involvement on the part of the father may be stimulated by either collegial or conflicting relations with school staff.

Parents' self-image. Parents' acceptance of their children's handicaps and their ability to deal with their responsibility and guilt feelings affect their image of themselves as parents. Mothers more than fathers appear to view the abilities and behavior of their child as reflecting their competence and authority as parents. The discovery of a child's handicap may affect the mother's sense of self-worth. (See Featherstone, 1980.)

The mothers in our sample have met this challenge in different ways. The mothers of children 02 and 11 appear to derive much self-esteem from their role as conscientious and devoted caretakers. However, although both put great energy into mothering, they understandably have very different expectations for their children: the mother of child 02 foresees normal development for her child, while the mother of child 11 believes his capabilities to be far more limited than even his Down's Syndrome accounts for. In case 06, the mother still fears that her early pressure for the child's independence may have contributed to his learning difficulties. Her concern has been somewhat assuaged by the child's apparent steady progress. Moreover, she has resigned herself to expecting below-average academic achievement. She has also deflected much of her affect into resentment of the staff and of other parents. In case 04, the mother remains unsure of her ability to manage the child, and her fear of being considered an inadequate mother was a factor in her resistance to family counseling. The pervasive anger and depression of the mother of child 07 show up in her continuing search for a clear diagnosis of the child's handicap and her sustained hostility toward the school system for being unable to provide one. These cases suggest that the threat to parents' self-image diminishes as they find explanations for the child's handicap that absolve them of responsibility and as they come to anticipate improved child performance --or at least develop realistic expectations of appropriate progress, sometimes even resigning themselves to the fact that it will be limited and slow. School personnel play an important role here: their sympathetic encouragement and cooperation have reinforced the parents' sense of competence in cases 01, 02, and 05, while their emphasis on the need for family counseling--whether well placed or not--has heightened the parents' self-doubt and defensiveness in cases 04 and 09.

Parents' Relationship with the Child

Parent-child interaction. The home behavior of several children has been a consistent source of conflict between child and parents. In two cases-- 01 and 04--parents reported that their children's behavior has improved since they entered the special education program. In case 01, the child has settled into more regular eating and sleeping patterns and the mother finds him easier to be with. In case 04, the mother reports that the child is calmer and better behaved at home, no longer, for example, scribbling on the walls. Both sets of parents attribute the improvement to the preschool lab program, and in case 01 the parents believe that counseling sessions for the child and parents have made an important contribution.

Many parents have noted that their children have become more independent during the year, though they often attribute this as much to maturation as to the educational program of the child. In some cases, the child's growing independence has improved parent-child relations. In case 03, the mother says that the boy prefers to spend more time with other children. As a result she sees less of him during the day and finds the time she spends with him more enjoyable. In case 10, the child plays more readily and has become more adventurous with familiar children. However, he still experiences separation anxiety in unfamiliar situations.

Unfortunately, some parent-child relations have not improved much. The mother of child 11 agrees with his teacher that he has become more independent and self-confident. However, she remains protective, reluctant to expose him to the outside world. In case 07, mother and child remain in almost constant conflict, partly engendered by the child's behavior and partly by the mother's inability to adjust her expectations. For example, in spite of his persistent

resistance, she has continued to try to engage him in school readiness activities as she might with a less disturbed child. She finds his refusal to cooperate and his continued reliance on verbal rituals almost intolerable.

There remains considerable variation in the fathers' role, and there is little evidence that it has been influenced by PL 94-142 and the services provided as a result of it. At one extreme is case 06, in which the father retains an extraordinarily close relationship with his son. The case in which there has been the most pronounced change is 04; particularly since the mother began working, the father, whom in the view of both parents has more authority over their son, has spent more time with him in child care, play, and educational activities. Other fathers are less involved with their children; the father of child 03, for example, babysits but apparently has little interaction during his time with his son. In case 09, the mother admits that the father favors his sons over his daughter (child 09) and is more tolerant of them, though he plays games with her and takes her camping.

There also remains great variation in the tone and reciprocity of parent-child interaction. The polar cases are 01, in which the parents appear to focus much of their attention and communication on the child's needs, and 13, in which the parents' talk to the child consists largely of commands and discipline. In spite of the efforts of school personnel in some cases, the tone of parent-child communication in most families has changed little during the year.

Parents' attitude toward the handicapped child. Although parents' views of their children's educational needs vary widely, one attitude is remarkably consistent across cases: only two of the parents in our sample view the child as handicapped, and one of them carefully distinguishes between

"handicapped" and retarded. The latter is far more threatening than the former. Few parents, when asked directly, would agree that their child is "handicapped," even when they accepted a more specific term such as "learning disability" or "speech impairment," or even "neurological delay." In general, for children in classes for the moderately as well as mildly handicapped, the parents considered the educational prognosis for their children to be better than that for children whom they considered "really handicapped." The attitudes of parents after a year of services may be divided into four categories, distinguished according to acceptance of handicap and educational prognosis.

1. Acceptance of a limited disability with the prospect of continuing services but of ultimate success in overcoming the problem: cases 03, 04, 05. In these cases the parents describe the child as "learning disabled." By this they mean that the child has an ill-defined problem in learning that is likely to make it more difficult for him than for other children to learn to read and write. These parents believe that the child will need continuing tutoring in the elementary grades to remediate the disability. They also believe the disability to be at least partly inherited: the mother in case 03 associates the child's condition with the "learning disabilities" of his three siblings, and the father in case 04 considers his sons, like himself, to be "dyslexic." The parents in case 03 seem unconcerned about the child's apparent lag in social and affective development; those in case 04 admit the child's behavioral difficulties but ascribe them to frustration resulting from his learning disability. In case 05, the parents view the child's handicap as purely physical and "don't make a big thing of it." They expect that she will eventually be placed in a program conducted in an elementary

school adapted for orthopedically impaired children. They anticipate few difficulties and look forward to having her with normal children.

2. Acceptance of a limited disability with the prospect of diminishing services and ultimate "cure": case 01, 02, 10. In all these cases the child has made clear academic and social progress during the year, and in all but one (01) seems to have grown in affective areas as well. The parents of child 01 are more confident and optimistic than they were before beginning services; they express little concern about the child's emotional development. The parents of child 10 consider his "learning disabled," but, like school personnel, see the disability as transient, especially in comparison to the more serious handicaps of the child's brother: "[Child 10] will go to college." In case 02 there is a continuing possibility of cognitive impairment, but the progress of the child to date has encouraged the parents to be optimistic and put aside any concern they may have.

3. Rejection of a disability and the need for services: cases 06, 09, 13. In case 06 the parents believe that the child has a memory deficit, but no longer entertain the possibility that he is learning disabled; they see his academic weaknesses as the result of "immaturity" or developmental delay that will be overcome without intervention. Similarly, in case 09 the mother believes that the child has a temporary "reading disability" that she will "outgrow" in time. The parents of child 13 seem too concerned with their own needs and the problems of the child's older siblings to consider his educational difficulties. In all three cases, the parents blame the school staff for the child's lack of progress. Moreover, all three have lower standards of academic achievement than most other parents in the sample. They expect little of their children--or the schools.

4. Unresolved acceptance: cases 07 and 11. In case 07, the parents feel that the evaluations conducted by school personnel have failed to clarify the child's disability. Their insistence that the school conduct first a neurological evaluation and then an independent evaluation is part of an almost desperate search for a definite diagnosis. They have come somewhat grudgingly to accept the school placement and the academic program. Most of their energy is focused on finding out exactly what the child's problem is and why it occurred. In case 11, the parents remain ambivalent about the child: the mother maintains low expectations for his performance, but cannot bring herself to use the term "Down's Syndrome" or "retarded" to describe his disability. She protects him--and herself--from the world by carefully restricting his activities. For example, she refused to let him accompany his class on a picnic at a local park. "He's been there lots of times before," she said, adding, "besides, I hate it when I see groups of them all together. It makes me sick to my stomach. I just couldn't do that to him." In both cases the parents have taken care to dissociate their children from the ranks of the handicapped, both in their own minds and in the children's interaction with other students.

Parents' expectations for services. Parents' conception of the services their child needs and of the length of time they will be needed is closely linked with their attitude toward the child's handicap. Just as the parents in our sample tend to limit the extent of (or to reject) the child's handicap, so they seek services that are limited to what they believe to be the child's disability area, that are delivered in the least restrictive environment available, and that are temporary. Differences in expectations for services correspond roughly to the four categories of attitudes toward handicap described above.

1. Acceptance of a limited disability with the prospect of continuing services: cases 03, 04, and 05. In cases 03 and 04 parents expect the child to receive tutoring through at least the early elementary grades to remediate "learning disabilities." Asked whether her child would need services beyond the preschool lab, the mother of child 03 responded, "I hope not, but I think so." She believes he will need help with fine-motor skills and reading, though she is not as concerned as school staff about the child's gross-motor performance. She prefers that the child be in a regular classroom with supplemental services, rather than in a separate class. The parents of child 04 also expect tutoring to continue for some time, but are not so concerned about the child's social relations and other behavior. They agreed to seek family counseling, but although they have scheduled several appointments they have broken them all, usually without notification. In case 05, the parents anticipate support services such as transportation and help getting from place to place. They foresee their daughter's entry into an integrated classroom in the near future and expect that her academic program will be little affected by her disability.

2. Acceptance of a limited disability with the prospect of diminishing services: cases 01, 02, and 10. In cases 01 and 10, parents and school staff agreed to continue supplemental services during 1980-81, but expect services to end in 1981 or shortly thereafter. The parents have been pleased with the results of outside professional help and will continue with it in 1980-81: child 01 will continue his counseling at a regional mental health center, and child 10 will remain on medication to control hyperactivity and on the Feingold diet. In case 02, the parents expect continuing speech therapy, but, as in case 05, have thought little about possible services to remediate potential cognitive impairment.

3. Rejection of a disability and the need for services: cases 06, 09, and 13. The parents in case 06 initiated referral expecting a need for learning-disabilities tutoring, but after the IEP meeting no longer believed it necessary. They would have accepted remedial reading in 1979-80 had it been offered, but they did not think the child needed to work with a school adjustment counselor as suggested in the IEP meeting (but not followed up). They no longer want special services of any kind. Before the IEP meeting for case 09 in 1980, the parents thought that the child would need no services at all in 1980-81. After school staff expressed their deep concern, the parents agreed to continue moderate special needs (MSN) tutoring, but they have rejected suggestions for family counseling. In case 13 the parents have opposed placing the child in the Title I program, because they had been dissatisfied with it for their older children. However, they have agreed to supplemental special services. Before the IEP meeting the mother wanted the child to work with the guidance counselor who had helped an older son, but she dropped her request when school staff explained that the counselor worked only with older children. The parents have rejected the idea that the child needs services to remediate a handicap, but have apparently agreed to tutoring in the hope that it will help the younger child avoid the kinds of "trouble" --leading to yet more professional intervention--that his older siblings have experienced.

4. Unresolved acceptance: cases 07 and 11. In both cases the parents agreed to continuation of the present placement: the preschool lab in case 07, the preschool class for the moderately handicapped in case 11. Both sets of parents emphasize the need for their children to have "positive role models" and fear that the children have associated too closely with others

more seriously or conspicuously handicapped. In case 07 the parents have been generally pleased with therapy at a regional mental health center and wish it to continue. However, they disagree with the approach that an LEA occupational therapist has proposed, and have delayed signing the IEP until an independent neurological examination has been made. In case 11 the parents have made few demands on the schools for services, but the mother now sees some hope of an integrated placement in the near future. In neither case do the parents appear to have a clear view of the child's long-term need for services.

Parents' Relationship with Other Family Members

Sibling effects. A child's experiences in special education may have important effects on his siblings and on his parents' attitudes toward seeking special services for the siblings. In general, placing one child in a special program appears to heighten the awareness of parents and school staff that the siblings may also need additional support. Just as, in our sample, the experiences of older siblings with special services affected parents' attitudes toward PL 94-142, so have the experiences of the children in our sample influenced their parents' attitudes toward siblings who are not receiving services.

The parents of two preschool lab children, 01 and 02, have been so pleased with the program that they have applied for admission for their younger child. In both cases, the younger sibling is termed "demanding" by the parents, but neither is clearly handicapped. In case 01 the parents sought to have the younger brother admitted to the preschool lab as a non-handicapped child, but he was not chosen in a selection lottery. In case 02 school staff told the parents that the sibling could not be placed in the

lab unless there was evidence of handicap; at the end of the summer of 1980 a speech therapist was investigating a mild dysfluency as grounds for evaluation and placement of the child.

Special-education experiences that parents regard as negative may persuade them not to seek services for a sibling. In case 09, school staff suspect that the child's brother, in kindergarten, may have cognitive and speech delays. They have asked the parents for permission to evaluate him, but the parents, citing the poor experiences of the older child, have refused. They think that the boy was too young to start kindergarten in 1979 and that, as with his sister, time will take care of the problem. In case 13, an older brother's experiences in special education and Title I programs contribute heavily if somewhat irrationally to the parents' attitude toward services for the kindergarten child. They have rejected placement in a Title I program, but the mother has sought to place the child with the guidance counselor who worked with the older child. The brother's experience seems to have caused the parents not so much to reject services as to view them as a means of keeping the child out of "trouble."

The effects of PL 94-142 on nonhandicapped siblings have been more complex. Child 07's older brother has been drawn into the case by both school staff and parents. His teacher has tried to communicate with the parents through him in matters involving his brother in the preschool lab. His mother has confided in him her anxiety about his younger brother. The older child is troubled because his brother now rides a school bus with other handicapped children, and relations between the two children have become increasingly uneasy. In cases 05 and 11, on the other hand, siblings now appear to interact more with the handicapped children. In case 11, for example, the child

now accompanies his siblings in short outings, though still in closely guarded situations.

Family support system. In case 05, the child's participation in PL 94-142 and other programs has broadened the parents' support network. The mother has befriended the mother of a child with spina bifida who was in child 05's previous program. In the past year the father has become active in several community and advocacy organizations for parents of handicapped children. Before 1979 the parents, despite experience with foster children, had not been involved with community organizations to such an extent; their current activism appears to result from child 05 and their experiences in seeking services for her.

The parents of children 07 and 10 continue to rely heavily on professionals for support. In case 07 the parents still take advice from staff at a state government advocacy office. They also brought to the IEP review meeting a friend who is a special-education administrator in another district. The parents relied on this person to present their request for an independent neurological assessment. In cases 10 and 12, the parents have been careful to consult the physician who has been treating the child before making placement decisions. The physician's opinion was important in influencing them to insist that the child continue to receive services in 1980-81.

For some parents, sources of support have diminished over the year. In case 06, the parents have become increasingly alienated and isolated from their neighbors, and they resent the parents of other children in the district. In case 09, the mother's sister, on whom the mother relied heavily, is now less able to offer support or child care because she does not have a car; the sister did not attend the IEP review meeting. In case 13, the family's continued hostility to professionals has left them with few knowledgeable sources whom they can consult for help in dealing with authorities.

Parents' Relationship with the Service Community

Parents' attitudes toward professionals. In the initial stages of the process we found that some parents viewed professionals outside the school system as colleagues and sources of support, while other parents were more often clients of professionals, wary of the intrusion and stigma that they associated with their subordinate role. For the most part the events of the past year have reinforced these differences among parents.

Variability in parents' attitudes is most apparent in the responses to suggestions from school staff that some families seek counseling at a regional mental health center. In two cases, 01 and 07, the parents accepted the suggestion and have been pleased with the results of the therapy. In three other cases, 04, 09, and 13, the parents rejected the need for professional help. Their families had been clients of physicians, social workers, or court officers in the past, and they had often found the experience demeaning. In case 04 the mother asked for help in managing the child, but she failed to keep several appointments at the health center, telling friends she was afraid she would be accused of lacking affection for her child. In case 09 the mother has implied that her visiting the health center--going to a "shrink"--would be an admission that she is "crazy." In case 04 the parents accepted counseling as part of the child's 1980-81 IEP, but whether they attend remains to be seen; in cases 09 and 13, continued parental resistance is likely.

The parents of three children, on the other hand, continue to make use of medical opinion as a source of both diagnosis of the child's needs and authority in dealing with school staff. In case 02, the child's progress in an early-intervention program at a hospital has engendered optimism for the parents. In case 07, disagreement among professionals about the child's

condition and prognosis has caused the parents consternation, and their renewed call for a neurological evaluation appears to be an attempt to clarify the child's status. In case 10, the respect that school personnel have accorded the physician's opinions has served as the basis for compromise and accommodation between parents and school staff.

Parents' attitudes toward schools. We found earlier that parents' initial attitudes toward school, like their attitudes toward professionals, were cooperative and respectful in some families and antagonistic in others. At the beginning of the school year, parent-school relations in most cases might have evolved in one direction or another, but the patterns were not clear; parents and school staff tended to proceed along separate, though often parallel, paths. During the 1979-80 school year, the PL 94-142 procedures and the entry of children into services provided opportunities for school-family contact. The effect of that contact has largely been to establish more regular parent-school communication. By the end of the year, parents and school staff still moved on separate tracks in only one case; in the others, the attitudes of both parties had become more distinctly cooperative or adversarial.

In five cases, 01, 02, 03, 05, and 10, parents and school staff had developed relations of mutual respect and cooperation. In case 01, the parents were impressed with the preschool lab teacher and attributed much of the child's progress to her. The mother of child 02 presents a pleasant and agreeable front to school staff; by the end of the year parents and school staff were working as a team to obtain services for the child's younger brother, and the parents were pleased with the responsiveness of school personnel compared with the delays in child 02's original evaluation.

In case 03 the parents are still enthusiastic about the preschool lab teacher, and school staff appear to have gained greater respect for the parents. The parents of child 05 are pleased with the child's teacher, and school personnel in turn view the parents as dedicated. IEP meetings are characterized by partnership and good feeling between family and staff. In case 10, despite the dispute over the level of services, and although the parents have placed the child in a parochial school, the parents are highly favorable toward the LEA special-education programs and staff, which they consider to be among the best in the state.

In five cases, 04, 06, 07, 09, and 13, family-school relations have become generally adversarial. The parents in case 04, and particularly the father, have been cooperative in their conversations and meetings with school staff, agreeing to nearly all proposals made. However, the school staff have become increasingly frustrated at the mother's passive resistance to family intervention and suspicious of the father's intentions; they have even threatened legal action if the parents do not follow through on their agreement to family counseling. In case 06 the focus of dispute has shifted away from special education as the parents came to see the available services as irrelevant to the child's needs. The parents are embittered at the students in the child's school and their parents. In case 07, although school staff have agreed to most of the parents' requests, the parents still view school staff as adversaries and IEP meetings as battlefields on which concessions are to be won. A researcher described the atmosphere at the last meeting as one of "armed truce." Relations in case 09 have become increasingly hostile: school staff insist on the need for family intervention, and the mother is assertive in denying it. However, she continues to defer to the

suggestions of school staff for in-school services, later justifying the decision to the father, with whom she acts as an intermediary. In case 13 family-school relations remain distant, and the parents have raised a host of concerns about the child's 1980-81 placement, including questions about a change of schools, class sizes, and regular and special-education teachers. On the other hand, the parents participated in the IEP review, where the principal tried hard to mollify them.

Case 11 is not adversarial, but a gulf between school and family remains to be bridged. The parents apparently view the roles of school and family as entirely separate: schools are to impart skills and families are to provide love and nurturance. There is a marked discrepancy between the expectations of school staff and parents: the specialists encourage the child to be self-reliant, while the parents remain protective. Resolution of these differences has been impeded by the superficiality of communication between parents and staff: the mother is determinedly optimistic and agreeable, and school personnel have not directly expressed their concerns. School staff have become increasingly frustrated, but they have yet to confront the parents.

Parents' attitudes toward procedures. As a result of their participation through the first year of services, all parents are now aware of the basic steps in the PL 94-142 process. Few, however, have acquired a detailed knowledge of the procedures under the law, and the school staff do not routinely distribute to parents any substantive material about the law or regulations. Some parents have become aware of specific rights, such as the right to an independent evaluation, but most parents still know little about the range of due-process rights available to them.

Most parents have little use for IEP documents, which they have little role in preparing and believe to be useful only to specialists. The mother of child 03 expressed an opinion frequently heard from teachers: the relation between teacher and student is most important for instruction, and there is "too darn much paperwork," in the PL 94-142 procedures. However, the mother of child 10, while considering IEP preparation the responsibility of school staff, reviews the document periodically during the year to see that the child is meeting specified goals and that services are being delivered as planned.

If parents consult PL 94-142 documents infrequently, their attitude toward meetings is quite different. Parental participation in IEP meetings has grown markedly, even in such adversarial cases as 04 and 13. Especially noteworthy has been the increase in participation by fathers, described above. In some cases, such as 01, 05, and 10, the IEP meeting has served to reinforce cooperation between parents and schools. Parents' interest in meetings, however, does not necessarily signify smooth sessions: in cases 07, 09, and 13, review IEP meetings have continued to serve as adversarial forums --though in all these meetings parents and school staff did air their differences more fully than at any time in the past, and in cases 07 and 13 the school staff did try to be conciliatory. Parents and school staff, then, pay greater attention to PL 94-142 procedures when these provide an opportunity for parent-school interchange. Parents may enter the procedures prepared to hear the opinions of school personnel (cases 01, 03) to cooperate in seeking services (case 02), to insist on particular services (case 10), or to do battle (cases 07, 13). Whatever approach the participants take, procedures such as IEP meetings that bring them into contact with each other at least lay a groundwork for communication that may lead to family-school accommodation.

TRANSITION TO THE SECOND YEAR OF SERVICES

By the end of the first year of services, the differences in family-school adaptation that was foreshadowed by differences in family, child, and school characteristics had become more distinct. The events of the first year, though usually not dramatic, had in general reinforced initial trends toward accommodation or division. Parents and school staff, brought together by PL 94-142 procedures and services, no longer traveled on separate paths, and most cases became more clearly cooperative or adversarial. The exceptional cases, 11 and in some respects 07, are both instances in which parental acceptance of the child's handicap remains at issue. In these cases parents and school staff met several times during the year, but differences in expectations and prognoses for the child remained unresolved.

The progress and prognosis of the child are the most visible features that distinguish cooperative from adversarial cases. In most cooperative cases, the child will advance to a higher grade level in 1980-81, and parents and school staff agree that the need for services is likely to diminish over time; in most adversarial cases, the child will remain in his placement, and parents and school staff disagree about the extent of services required in the future. The expectations are revealing: in case 03, the child is not advancing in grade or making clear progress, and in cases 05 and 11, the children are making progress within their placement but can be expected to require services for some time. In these cases, there are differences in parents' acceptance of the child's handicap and their agreement with school staff on the appropriateness of services provided in the placement. In case 03, the parents, with three other handicapped children, fully expect the child to have difficulty in school and to require services

for several years. In case 05, the parents accept the child's physical handicap but share the optimism of school staff about her progress in other areas. In case 11, however, accommodation is hindered by the parents' ambivalence toward the child and by poor communication between parents and school personnel about the child's needs.

As case 05 illustrates, even in most of the cooperative cases the parents conceive the child's handicap to be limited or quite specific. This allows for optimism about the child's prognosis and need for services; but is it not clear that optimism is truly warranted. Greater acceptance of the disability and need for remediation seems essential to accommodation. In three adversarial cases--06, 09, and 13--the parents have continued to reject the idea that the child is handicapped, placing much of the blame for the child's difficulties on the schools. School staff, in turn, cite family problems as important factors in the child's school performance. Regardless of the merits of either view, the tendency of each side to find fault with the other has greater hindered communication.

The most likely sources of future tension between families and school staff, then, are the child's progress, prognosis, and need for services, and the need for professional intervention in the family. If family-school cooperation rests largely on evidence of or faith in the child's progress and a diminishing need for services, then signs of poor progress, mistaken or ambiguous diagnosis, or need for more extensive services than expected may threaten cooperation. Conversely, in most adversarial cases greater agreement between parents and school personnel about the child's needs and more evidence that special services are leading to the child's progress are prerequisite to accommodation. Adaptation is also unlikely to proceed until differences about the need for family intervention are resolved. With the

possible exception of case 04, parental resistance has stiffened, and school staff have had little success--and in some cases expended little effort--in helping parents overcome their feeling that a stigma accompanies counseling or therapy.

In the process of adaptation, the characteristics of parents, children, and school personnel influence the events set in motion by the law, and the outcome of those events changes the characteristics that participants take with them into the next round of events. In the first year of services for our sample, this process has resulted for the most part in greater divergence between adaptive and maladaptive cases. If this pattern should continue, the cases would eventually reach extremes of accommodation or conflict, the latter most likely resolved by withdrawal of the child from services or from the school system. To these possibilities we should add a third: trends toward maladaptation might lead to a rupture in communication between family and school, with the two sides proceeding along separate paths. This outcome, however, is rendered less likely by the parent-participation requirements of PL 94-142, which insure that parents and school staff maintain at least minimal communication at required points.

For a case to reach either extreme, however, would require that parent, child, and school characteristics remain wholly adaptive or maladaptive. This is not impossible; cases 01 and 10 appear well on the way to complete accommodation, and case 06 has reached a stage of at least temporary withdrawal. More often, some characteristics of a case are likely to lead toward adaptation, others to conflict. A child may exhibit unanticipated areas of disability; parents may come to accept a lack of academic progress; a sensitive teacher may open lines of communication to a family. Because of such changes,

the course of adaptation in the long term may not be discernible from short-term patterns. The events required by law are predictable, but they serve mainly as a framework in which the participants interact. The complex shaping of events by participants and participants by events can be analyzed only as it unfolds through time. Should improving adaptation be a goal of policy, some lessons may be drawn from the first year: procedural requirements alone are not enough; informal communication and countervailing action to interrupt maladaptive cycles are also needed. Detailed policy recommendations, however, await fuller knowledge of the process of adaptation, and fuller knowledge awaits a study of adaptation through all its phases.

VI. MUTUAL ADAPTATION AND THE LAW

The purpose of Public Law 94-142 is to assure that all handicapped children between the ages of 3 and 21 have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardian are protected, to assist state and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children.

PL 94-142 Section 601(c)

While the law itself is a complex statement of definitional and procedural requirements, the essence of the legislation lies in five major provisions:

- Each child is entitled to a full and adequate individual evaluation;
- Procedural safeguards in making all decisions about the child are assured, and due process is guaranteed;
- The local education agency or intermediate educational unit will develop an individualized education program for each child;
- Handicapped children will, to the maximum extent appropriate, be educated with children who are not handicapped, and must be placed in the least restrictive appropriate environment;
- The process by which the child's program is determined, implemented, and modified must involve parents to the fullest extent possible.

As we have said, four fundamental concepts also underlie the law: parent-school partnership, individualization, integration of handicapped and non-handicapped children (mainstreaming), and advocacy for children's rights. Our examination of the interface between the provisions and the assumptions show that parents and LEA staff tend not to concern themselves with the details of the law. Parents are interested chiefly in the outcome of the process-- appropriate educational services and improvement in their child's competence-- and regard the procedures involved as a means toward that end. Generally unaware of the exact provisions of the law or of their intent, parents merely

have a sense that the school system must provide special educational services, to which a child with special needs is entitled.

Most parents know that access to such services involves some testing, several meetings with school staff, and a great deal of paper. Although form letters from the school staff inform them about each procedure the LEA has devised to implement the law, and about their rights in connection with it, they do not know the precise sequence of events or how the various procedures are related to one another. Mainly, these procedures give them an opportunity to interact with others in the interest of their child. The nature of that interaction is important, affecting parents' view of the value of the experience to the family and contributing to the way in which their relationship with LEA staff develops.

Most school professionals endorse the law and its goals--though many of them point out that the measures involved are by no means new to the district. The codifying of practices in use for ten years or more is regarded as red tape. Most professionals grudge the time that must be spent in meetings or on paperwork, preferring to spend it with the children instead. Only where administrative tasks do not interfere with their ability to care for children are they tolerated as necessary inconveniences.

Thus the main concern of both staff and parents is not the letter of the law, but whether things in general are moving toward the desired end. When the process is smooth, informal negotiations determine how a child's needs can best be met, and all parties go about the business of meeting them. Mutual adaptation allows each party to meet the expectations of the other. However, imperfect adaptation raises obstacles to implementation of PL 94-142. Because

implementation seems to depend so critically on the relationship of child, family, and LEA, we examined the ways in which mutual adaptation occurs.

In previous chapters, we described features of the child-family-staff interaction that influence the adaptation process, and saw how the process fared during the development of IEPs and the first year of services. In this chapter we will see how the adaptive process and its component factors relate to the law. First, several caveats. We do not wish to confuse adaptation with agreement. The parties in a mutually adaptive relationship need not always agree; they need only understand and know what to expect from one another. They know how to reconcile differences constructively and are prepared to do it. In several cases we describe as adaptive, parents and LEA staff have disagreed--but dealt with these disagreements in ways that leave all parties feeling that their opinions have been heard and that they retain some control. By contrast, there may be cases remarkably free of conflict, yet where no mutual adaptation has been attained; school and family are like ships that pass in the night, each knowing that the other is there but with no communication between them.

Second, mutual adaptation may not lead to optimal services for children. For example, at our Grand Rounds meetings serious concerns were raised about whether several placements to which all parties agreed were in fact appropriate. They seemed to be based more on existing services than on individual need a tendency often compounded by the paucity of preschool public education programs. In these cases, parents and school staff worked together amicably to determine the placement; but as one panel member pointed out, it might have served the children better if their parents had been stronger advocates. What does seem clear, however, is that the experience of children and

families with PL 94-142 in general and with its separate provisions is greatly influenced by what they bring to their many interactions with the system. Hence, we have examined individual cases to identify attributes of each that influence adaptation or maladaptation.

Finally, we have found that the factors that influence adaptation relate not directly to the separate provisions of the law, but rather to the four concepts underlying the law: parent-school partnership, individualization, integration of handicapped and nonhandicapped children, and advocacy for children's rights. If some families and staff can translate these concepts into practice while others cannot, we think this is due to the factors that influence adaptation.

PARENT-SCHOOL PARTNERSHIP

The provisions of the law that specify to parent involvement are as follows:

- The educational agency must provide procedures that permit participation of and consultation with the parents of handicapped children. (Sec. 121a 226)
- Parents must be given written notice a reasonable time before any initiation or change (or refusal to initiate or change) of identification, evaluation, or placement. (Sec. 121a 504(a))
- Parental consent must be obtained before implementing or changing the above. (Sec 121a 504 (b))
- Parents must be given an opportunity to refuse consent before conducting a preplacement evaluation, or before initial placement; however, consent cannot be required as a condition for any other service. (Sec. 121a 564 (c))
- Parents must be given every opportunity to participate in meetings at which a child's individualized education program is developed, reviewed or revised. (Sec 121a 345)
- Parents have the right to examine all records, and the right to request amendment of any records believed to be inaccurate, misleading or in violation of the child's rights. (Sec 121a 502 (a), 121a 567 (a))

- Parents have the right to request a reevaluation or to an independent educational evaluation of the child if they disagree with an evaluation obtained by the public agency. (Sec 121a 503)
- Parents have the right to due process hearing, review and appeal of any educational agency decision, and the right to bring civil action. (Sec 121a 506, 121a 512)

Underlying these provisions is the understanding that parents and schools will work together as partners to assure optimal educational experiences for each child. For this assumption, embedded throughout the law, to be put into practice, it must be shared by both parties and each must have the capacity and resources to do so.

Variances that Influence Parent-School Partnership

The factors that influence parental and staff ability to participate in such a collegial relationship include the following.

Family Characteristics

- Family Unity
- Distribution of Parental Responsibilities
- Parents' Self-Image
- Parents' Expectations for Services
- Family Support System
- Parents' Educational Experiences
- Parents' Educational Values
- Parents' Attitude Toward Professionals
- Parents' Attitude Toward Schools
- Parents' Attitude Toward Procedures

Characteristics of LEA Staff and Procedures

- Expectations of Families
- Empathy with Parents
- Responsiveness to Pressure

Child Characteristics

- Educational Prognosis
- Evidence of Progress

The constellation of adaptive factors differs from case to case. However, cases where both parties understood the intent of the law and where the process

was smoothest, families acted as a unit. It is noteworthy that all of our cases are intact families. Even within this group, the most successful parent-school partnerships are those in which both mother and father are involved with their child's education and are so perceived by the school staff. It seems that their combined resources and the support they can offer one another help them in the negotiations surrounding implementation of the law. It seems to help, too, if the two partners can share the procedural tasks. Even where the mother is the primary liaison with the schools, the father acts as her resource, raising questions she had overlooked and suggesting alternative steps.

Parents who are successful partners with the school usually seem strong and sure of themselves. They believe that they are competent parents and that they know as much as school personnel about what is best for their child. In these cases, at least one parent feels that his or her own schooling was successful and led to satisfaction with job, life style, or other accomplishments. These parents tend to see education as something worth fighting for. They regard schools as resources and respect their teaching methods, while feeling that they know best about their child's interests, personality, and learning style. They are clear about their educational values and feel responsible for making them known to the schools.

These parents make it a point to be well informed on all issues relevant to their child's education. They know what services are available and what to do to obtain them, join parent groups, and talk with one another. They use the participation and consultation provision without even knowing it is there. They read the written notices carefully and usually save them for reference. They take seriously their responsibility to understand what happens to their child in school and why. They attend meetings, scrutinize documents, and consent only after deliberation. Only one of the parents in

our sample (case 07) has found it necessary to request an independent evaluation. None have exercised the rights to review or appeal. However, we predict that parents in this group will take that step, albeit reluctantly, if they decide it is necessary.

Factors among LEA personnel and procedures that seem to promote a parent-school partnership are similar to those at the family level. Staff must see parents not only as interested and involved with their child's education, but also as competent to play an active role in it. Sometimes they judge competence by external factors, such as education or affluence; at other times, by the determination with which the parents seek a partnership. In most cases where staff seemed to view parents as partners, the parents had been clear from the outset about their expectations and their rights. It may also be that school staff are more ready to regard as partners parents with whose values they share or whom they find to be in some way similar to themselves. With this group, they convey empathy and present themselves both as professionals and as fellow parents.

LEA staff who work well as partners with parents regard parents as reasonable and entitled to the partnership role. They are willing to try to meet parental expectations, though perhaps molding them somewhat to fit the system. They are willing to negotiate their views and to consider those of the parents. They often see themselves as one of many adults entrusted with the well-being of the child and they are willing to use their particular knowledge to promote it.

A sense of parent-school partnership does not develop in every case. Where it does not, there is often a sense of inequality between the parties. Parents doubt their success as parents or even as competent adults. They are

also unsure about their child's needs--and his strengths--and may doubt the value of their opinion on the matter. In several cases, one parent has assumed responsibility for dealing with the schools. In others, both parents have been involved, but tend to disagree on the child's needs and their expectations for services. This confusion is often evident to school staff, who may come to think of the family as disorganized or impotent.

Other characteristics these families share relate to their interactions with professionals and procedures. They tend to believe that professionals "know best" and are in control. Sometimes, as case 13 dramatically illustrates, this attitude masks deep resentment and conflict between the two and results in extreme animosity. Procedures and papers are "red tape" designed to impede rather than facilitate action.

Some school personnel also see parents as service recipients, or at best junior partners. They feel that their training and experience enable them to provide what is best for every child. Anything more than the token involvement of parents is viewed as interference. Often, they believe they have too much to do and resent the time required to "handle" parents. They certainly convey no sense of empathy or understanding of the difficulties in raising a handicapped child.

The child characteristics that are associated with parent-teacher partnerships are less clear. It seems that a partnership is more common in cases where the child is motivated and willing to learn, and where there is at least some progress; but this finding is very tentative. It may be that child characteristics are less important to relations between school and parents than are family and staff characteristics. If anything, the adaptive and nonadaptive factors may reverse here: LEA staff almost seem to take extra care to "like" and respond to the children of the parents they least respect.

IEPs and Parent-School Partnership

IEP procedures can draw parent and school staff together to plan programs for a handicapped child. Indeed, IEP meetings are the first personal contact between parents and school staff that the law requires. Relations between the two parties at the meetings can be described in three ways: as the civil rights model, the consensus model, and the informational model. In the civil rights model parents and school staff are adversaries, with two clearly defined programs for the child that are in conflict. The IEP and placement are negotiated at the meeting, with the procedural safeguards guiding negotiation and protecting the rights of each side. In the consensus model, parents and school staff each have valuable but incomplete information about the child. The function of the IEP meeting is to consolidate these into a coherent diagnosis and program for the child, with parents and school staff working together to put the program into effect. In the informational model, diagnosis, placement, and services for the child are mainly the responsibility of school personnel. The IEP meeting serves to inform parents of the reasons for these decisions and to allow them to give or withhold their consent, but the burden of decision making falls on school personnel.

Our findings about IEP meetings do not easily fit any of these models. The tendency of parents and school staff to proceed along separate paths up to the IEP initial meeting, coming to independent and sometimes divergent conclusions about diagnosis and placement, conforms to the civil rights model. Most parents, however, do not view the first IEP meeting as an opportunity to assert their rights, and few have investigated what those rights are. Initial distrust and discomfort often prevent resolution of conflicting views, or even negotiation. However, the meetings usually pave the way for

more informal negotiation by making each side aware of the views of the other and "clearing the air" (as in case 07). Unfortunately, they may also so ossify the differences that further communication is all but impossible (as in case 06).

Informal communication and negotiation are essential to the consensus model. However, because the important decisions are often reached before the IEP meeting, the meeting itself is seldom the setting for an exchange of views or the forging of a working partnership. Most IEP meetings are largely taken up by reports from specialists, and parents are quite passive, merely relating anecdotes about the child and commenting on progress and on the decision for the next placement. This sort of meeting seems to conform to the informational model; it is certainly the preferred system of many school personnel observed in this and other studies (e.g., Yoshida, Fenton, Kaufman, & Maxwell, 1978). Yet to confine attention to the informational aspects of IEP meetings would ignore the important negotiation and conflict resolution that often take place informally before or after the meeting.

The civil rights and consensus models envision the IEP meeting as a problem-solving session for parents and school staff; the information model regards problem solving as a prior task of school personnel alone. Our findings do not entirely support either view. The initial IEP meeting is an occasion for parents and school staff to become acquainted and adjust their expectations of each other. Both parties are made aware of the different perspectives on the case. How parents and staff interact depends to some extent on their interaction before the meeting, and in turn influences the quality of the interaction to follow. The quality of interaction before, during, and after the IEP meeting is central to the formation of an effective partnership.

Parent-School Partnership During the First Year of Services

In most cases, once the placement decision is made and the IEP agreed upon, the schools take the lead, at least in matters directly related to instruction. Most parents sit back and give the teachers a chance. Few concern themselves with the particulars of curriculum content or instructional technique--as long as they are secure that their child is happy and making reasonable progress. If that seems to be the case, the parent-school relationship settles into amicable coexistence. Although we saw no fundamental changes in the way participants viewed the parent-school partnership during the first year of services, there were some subtle shifts. Most were in the direction of greater solidarity and more sharing. The formal conferences and evaluation reviews as well as the many informal contacts before and after school allowed all parties to get to know one another and to some degree relax their guard. The classroom teachers, particularly in the two prekindergarten placements, often initiated the contact. They were genuinely interested in what went on at home and tried hard to use what they learned of the home situation to plan their program for the children. For example, when case 01 regressed behaviorally, mother and teacher met regularly to discuss ways of helping him. Of course, the teachers in these cases were skilled and experienced. They knew how to reach the parents, felt it their responsibility--and right--to do so, and arranged meetings in their classroom, pretty much at their own convenience. They then used the encounters in a consensus or an informational way, depending on the relationship.

In some cases, the parents were the more active partners. In case 02, for example, the mother often sent notes to the teacher about the child's behavior at home. She called frequently and scheduled several conferences,

both with the teacher and with the special education staff. She informed them about his area of primary deficit, speech and language development, and about his progress in social and affective areas. Indeed, she used the information that teachers provided to structure her own interaction with the child and his siblings.

In only a few cases did the parent-school relationship remain adversarial. In one, case 07, the parents felt that school personnel had provided an incomplete assessment of the child and that the preschool lab was only barely adequate. Their stance as advocates for the child remained unchanged and they exercised their due process rights vigorously. In addition they were in frequent informal contact with the teaching staff: notes, telephone calls, and drop-in meetings abounded. The LEA staff reacted with increasing wariness. They met with reluctance the parents' attempts to communicate; they disparaged the parents to one another, and clearly maintained their guard. Curiously, however, their relationship with the parents seemed to strengthen the staff's resolve to help the child and hence worked to his advantage. Their efforts in his behalf were vigorous and consistent. In fact, yielding to parental pressure, they reversed their original judgment that a neurological examination was unwarranted. Following a mid-year observation by a developmental pediatrician, a more complete neurological evaluation was recommended before beginning the second year of services.

In a second case, 13, parents and school personnel failed entirely to reach a workable relationship. Things seemed to move from bad to worse. The parents remained convinced that school personnel, particularly at administrative levels, were manipulative, and the school staff reinforced their own sense of the parents' incompetence. An additional complication

arose in the disagreement between the classroom kindergarten teacher and the administration and special education staff. The teacher, while acknowledging that the child still functioned less well than his peers, nonetheless saw special education as an attack upon the child and on her ability to help him during the first year. She drove a wedge in the school's position without providing a reasonable alternative. The relationship evolved, then, into a three-way schism: parents, regular education staff, and special education staff. The most powerful--and ultimately the dominant--one of these remained the special education staff.

Looking across all cases, we find that the first year of services was in general a positive experience for most families. As parents and teachers came to know one another and as attachments were formed between children and teachers, most participants developed a sense of working together toward a common goal. This grew when the child made demonstrable progress, but also occurred where progress was limited. The balance in the relationship differed from family to family. In most, the professional staff seemed the stronger, in a few, the parents led; but the balance was acceptable to all.

In a few cases in which partnership was not achieved, the advocacy model prevailed. Parents and staff held differing views of the disability and often of the treatment of choice. Adaptation seemed to founder on certain parent characteristics, particularly those associated with the following:

- Family Unity
- Expectations for Services
- Attitudes toward Professionals
- Attitudes toward Procedures

These of course interacted with characteristics of LEA staff and procedures. It seems unlikely that a workable partnership will ever be attained in these cases unless parents are aided in negotiation by some source outside the school system.

INDIVIDUALIZATION

Although the concept of individualization prevails throughout the law, the provisions that speak most directly to it concern IEPs. The specific provisions include the following:

- The educational agency must develop and implement an IEP for each handicapped child. (Sec. 121a 341(a))
- The educational agency is responsible for initiating and conducting meetings for the purpose of developing, reviewing and revising each child's IEP:
 - (a) Timing and periodicity: if the child has just been identified, the meeting must be held within thirty days; otherwise, there must be an IEP in effect at the start of every school year. There must be periodic meetings to review (and, if appropriate, to revise) the IEP at least once each year.
 - (b) Participants: a representative of the agency other than the child's teacher; the teacher; one or both parents; the child, where appropriate; other individuals the parents or agency may invite. If this meeting follows the child's initial evaluation, a member of the evaluation team or some person knowledgeable about the evaluation procedures and familiar with their results must also participate.
 - (c) Parents' participation: the parents' involvement must be ensured as far as possible. Adequate advance notification; advance agreement on a mutually suitable time and place; notification of the meeting's purpose and participants, must be provided. If parents cannot attend, other methods of ensuring participation must be used. If parents cannot be persuaded to attend or participate, the agency must keep records of its attempts. The agency must ensure that parents understand the meeting proceedings, and at their request shall provide them with a copy of the IEP. (Sec 121a. 343a, b, c, and d and Sec. 121a 345)
- The content of the IEP must include statements on present levels of performance; annual goals, including short-term educational objectives; specific special education and related services to be delivered, along with dates of initiation and anticipated duration; extent to which the child will participate in regular education programs; and criteria and evaluation procedures for determining whether the educational objectives are being met. (Sec. 121a 346)

Individualization means far more than developing for each child a document that outlines what he can do, what his needs are, and what the educational program will be to address these needs, and evaluating and changing this

document as necessary. In the perspective that underlies the intent of the law, each child is a composite of many strengths and some weaknesses, and the task of the LEA is to reduce the weaknesses and the extent to which they interfere with daily life. This view rests on a basic respect for the individual and on understanding and acceptance of the child and the handicap. The individual is thought worthy of educational opportunities and entitled to them.

The opposite perspective is one that sees education as a group process in which all children are treated pretty much alike and expectations are governed more by norms than by individual capabilities, interests, and needs. This position holds that children go to school to learn what schools have to teach. The responsibility for success or failure rests with the recipient, as long as the schools have provided reasonable services. Parental and staff acceptance of individualization as it is intended by the law is influenced by the adaptive factors we have identified. These include the following:

Family Characteristics

- Parent-Child Interaction
- Parents' Attitudes Toward Handicapped Child
- Parents' Expectations for Services
- Sibling Effects
- Parents' Educational Experiences
- Parents' Educational Values
- Parents' Attitudes Toward Schools

Characteristics of LEA Personnel & Procedures

- Empathy with Parents
- Availability of Resources
- Administrative Coordination

Child Characteristics

- Personality Traits and Appearance
- Educational Prognosis
- Evidence of Progress

Clearly, not all cases exhibit all these characteristics, nor are individual characteristics balanced equally across each case. In general, however, where individualization is valued as the law intends, parents respect their child as a person. Parents and child spend time together and for the most part parents enjoy that time. They see their function not only as nurturing, but as participating in the educational process, directly and by obtaining appropriate services outside the home.

These parents may be sad or even angry over their child's handicap, but they continue to respect and love the child. They accept the reality of the handicap and try to understand its implications. They do not blame themselves for the condition, nor do they blame society for the limitations it imposes. Instead, they have informed ideas about the services and support that will enable the child to function best, and they can and do express them.

In some families, the experiences of the child's siblings have contributed to this view of individualization. Brothers and sisters who are different from one another are each valued for their own characteristics. In most of these families, parents tend to view themselves as important or worthwhile persons, and as having been successful in school. The few who have negative feelings about their education have overcome the effects of that experience and of the affect that surrounded it. Most of these parents value education, in itself and for its consequences. For these families, the schools are a resource--one of many available to them. They see themselves as partners with the schools and feel that they have a central role in determining the course of their child's education.

Among the characteristics of LEA personnel and procedures, we found staff empathy with parents to be important to this understanding of individualization. Often staff members behaved toward parents both as professionals

and as fellow parents. They were readily available to parents through informal meetings or telephone calls. They seemed joined in a common goal: doing what was best for the child concerned.

Other factors were the presence of appropriate resources to meet the child's educational needs, established channels for obtaining services outside the school system that might be necessary, and the school staff's awareness of existing services and how to gain access to them. When these conditions were met, school staff could concentrate on service delivery more than on the less rewarding administrative tasks. Administrative coordination could occur efficiently and with a minimum effort.

Finally, at the child level, personality traits and appearance, educational prognosis, and evidence of progress all contributed to an adaptive acceptance of individualization. Staff and parents alike seem to need positive reinforcement for their efforts. Children who are generally pleasant to deal with, whose behavior makes no excessive demands on adults, and who show some signs of progress toward accepted goals are often valued more highly as individuals than are their less favored peers.

In contrast, in some cases individualization does not seem to have been realized in an adaptive way. Parent-child interaction is much less frequent and less pleasurable, often taking the form of parental discipline or commands. The parents seldom act as educators, seeing their function as control and management until the child is turned over to the schools. Often they have failed to come to terms with their child's handicap. They may feel guilty or responsible for the condition and blame society or the school for what they see as inequities that result from the child's handicap. Much energy goes into anger and reaction, leaving little for constructive design of

appropriate experiences. Where parents hold the child in low esteem and consider the handicap more important than the child's strengths, their expectations for services tend to be low. In other cases, their expectations are diffuse and vague, and they cannot express them to school personnel with organization or conviction.

Often, parents' own educational experiences have encouraged their belief that school and educational programs are for the mass, not for individuals. Many such parents reported that they felt they had been failures in school, and hence stigmatized. They associate education with work, control, and discipline, and not with the possibility of attaining desirable goals whether for themselves or for their children. Sometimes these parents feel threatened by schools and school personnel. They see a sharp division of responsibility for education between the school and themselves, and in the educational area feel subordinate or inferior to professionals.

Individualization also fails to thrive when school personnel see it impersonally, fail to identify with families, confront parents only as professionals, and are not easily available to them, making only the required efforts to contact families or to involve them in the educational process.

IEPs and Individualization

The IEP meeting and document are the means for tailoring special education to the needs of each child. Two aspects of the IEP seem particularly relevant: the formulation of long- and short-term objectives, and the range of services selected for the child.

As we have noted, objectives were seldom discussed in detail at the initial IEP meetings. In some subsequent meetings, school personnel tried to involve parents more in defining long-term objectives. For the most part,

however, neither parents nor school staff regard this task as vital. Even parents who most actively use PL 94-142 procedures (e.g., case 10) see it as the responsibility of school staff and of little relevance to them; school staff often see it as a chore, useful in planning instruction but much less so for the actual provision of services. Most service providers continue to write their own objectives, either before or after the IEP meeting, in their areas of specialization, often without much consultation with the IEP chairperson. Regular classroom teachers, like parents, appear to be little aware of the child's objectives and seldom participate in formulating them. In short, objectives are simply not a central concern in the IEP meeting or in the collective planning of each child's program. This observation is consistent with those of other recent studies (Fenton, Yoshida, Maxwell, & Kaufman, 1979).

Of much greater concern to parents and school staff is the child's placement. The extent to which a child's program can be individualized depends on the available placements and their flexibility for tailoring services to individual needs. In our sample, the range of possible placements is greater at the elementary than at the preschool level, where only two options exist: the preschool lab and a class for more seriously handicapped children.

In most cases of preschool children the decision is straightforward and is based on severity of handicap. School staff consider individualization in each placement to be met through combining extra services, such as speech or occupational therapy, with individual attention from the classroom teacher. The objectives for the children in the preschool lab in particular are often rather similar and reflect the curriculum emphasis on language stimulation and socialization. Given this restriction in the range of objectives, the

IEP documents give less evidence of individualization than one might expect.

This rather simple picture, however, masks some complexities. First, most parents do not investigate other placement options for their children. Many of them hear about one of the classes through friends or teachers, and they merely want to "get the child into" the class. They see the preschool lab, for example, as a progressive and free preschool class, and seek admission to it without regarding the child as handicapped. Perhaps even more than school staff, these parents think that the child's needs can be met quite adequately by the placements the school system offers. To put it another way, many parents themselves have no clear notion of "individualization"; whether because they do not view their child as handicapped, or from deference toward school staff, from their satisfaction with the extra services offered, or their confidence in the preschool lab teacher, they tend to be content with placement in what is often the only special class they are aware of. Difficulties may arise, of course, when parents believe that the child needs services that the school cannot or will not provide. Thus, parents' attitude toward individualization appears to be adaptive when they accept the child's handicap and need for remedial services without looking beyond the range of services offered by the school system.

A second problem with individualizing services, particularly at the preschool level, is that the child's needs may be hard to pinpoint. The preschool lab is designed for minimally handicapped children, and precise diagnosis is not always easy. Apparent handicaps may be confounded with poorly understood developmental delays; children may not perform well or comfortably on assessments; and the tests used may be of doubtful validity or reliability. In such cases it may be reasonable to choose a more general

placement so that service providers can come to know the child better before specifying individual services and objectives.

Our conclusion, then, is that the IEP document, and particularly the long- and short-term objectives, do not in themselves insure that the child's program will be individual; and that a lack of detail in the IEP does not mean that the program will fail to meet the child's needs. Instead, the school staff's approach to individualization, and the interaction of teachers, children, and parents, are more important in tailoring children's services to their needs than is the IEP itself.

Individualization During the First Year

Special education services are implemented very similarly in the preschool and kindergarten portions of our sample, but differ from the elementary group. Therefore we will discuss individualization separately for the two groups.

For the children in preschool and kindergarten, the dominant educational figure is the classroom teacher, who translates the goals of the IEP into classroom practice almost independently. Although the teacher's efforts may be supplemented by brief tutorial or therapy sessions, it is she who manages the child's overall program. In each of the classes in which our children were placed, the teacher had a general program for all the children. The several programs varied in purposefulness and articulation, with the preschool class for moderately handicapped students at the more structured end and the kindergarten at the less codified extreme. Nevertheless, although each child was expected to perform within the classroom pattern, it was clear that the teachers also had specific objectives for individual children. In the pre-school lab class, for example, the general goal was for children to interact in socially acceptable ways and to use the teacher, the aide, and their

peers as resources in their play. Some children need much encouragement just to interact. Case 02 was an example, and the teachers made it a point to invite interaction by asking questions, drawing the child into group activities, and the like. Child 07 had no trouble interacting, but the quality of his efforts was cause for concern. Teachers praised him when he cooperated, imposed reality tests on his fantasy, and restricted him when his actions were manipulative or threatening to other children. Similarly, in the other prekindergarten program individual differences were very important in structuring classroom activities and teacher expectations. Clearly individualization was an important construct in these classes, and individual programs were devised to promote the total development of each child.

In the early elementary grades, there was more emphasis on academic content. Special education services were tutorial, with achievement goals seeming to outweigh process objectives. For example, helping a special-needs child such as case 09 to reach appropriate or reasonable reading achievement levels was more important than trying to understand how the child approached the reading task. And in case 13, although there was concern about the child's self-image and his comfort in the class, the main effort was spent helping him to reach the academic level of the class.

Part of the differences between the two groups may be due to the general curriculum shift that occurs in first grade. Traditionally that is the point where play stops and children must get down to basic academic skills. A second factor--dispersion of instructional responsibility--may also be important. In each of the elementary cases, the primary responsibility for special instruction was assigned to a specialist--reading, speech, or the like. Although the specialist conferred more or less frequently with the

classroom teacher, he or she was accountable for the child's achievement of specific IEP goals. The classroom teacher, relieved of this responsibility, was under no pressure to individualize his or her program.

Parents' views on individualization, while varied, were generally unrelated either to adaptation to the child's handicap or to adaptation to the PL 94-142 process. All the parents thought it important that their child be understood and appreciated for himself, not treated simply as one of a group. They related anecdotes of the child's home behavior, likes and dislikes, and anything else they thought would help teachers understand their child. However, although they wanted intervention for specific problems such as speech or language deficits, learning disabilities, and even self-care routines, they did not want this treatment to single their child out as different or handicapped. Hence, the desire for having the child integrated into the mainstream of the school program sometimes worked against the notion of individualization. In the next section, we will discuss integration of handicapped and nonhandicapped children.

INTEGRATION OF HANDICAPPED WITH NONHANDICAPPED CHILDREN

This issue is directly addressed by the provisions of the law that relate to the least restrictive environment (LRE). These are summarized below:

- To the greatest extent possible, handicapped children shall be educated with nonhandicapped children; removal from the regular educational environment shall occur only when education in regular classes [even with supplementary aids and services] cannot be satisfactorily achieved. This principle shall be extended also to nonacademic and/or extra-curricular activities. (Sec. 121a, 550 and 553)
- The educational agency must make available a continuum of alternative placements [regular classes, special classes, special schools, home instruction, institutional instruction], as well as supplementary services to regular class placement. (Sec. 121a, 551)

- Placement for a child must be determined at least annually, on the basis of the child's IEP; it must be as close as possible to the child's own home--whenever possible, in the school the child would have attended if nonhandicapped. (Sec. 121a, 552)

The concept underlying these provisions is that handicapped and nonhandicapped children should, to the greatest degree appropriate, be educated together. The reasons for integration go beyond the academic and include opportunity for social and affective growth by all participants. The law assumes that these benefits accrue through integration. Our study suggests that families hold a more diverse view. Once again, we have examined our adaptation factors to see how they relate to the assumption of the law. The factors that we have found relevant to date include the following:

Family Characteristics

- Parents' Attitude Toward the Handicapped Child
- Parents' Expectations for Services
- Sibling Effects
- Parents' Educational Experiences
- Parents' Educational Values

Characteristics of LEA Personnel and Procedures

- Empathy with Parents
- Availability of Resources

Child Characteristics

- Educational Prognosis
- Evidence of Progress

Parents who accept the principle of LRE placement are often those who have come to terms with their child's handicap. Acknowledging the reality of the handicap appears to be a prerequisite to considering remediation of any kind. The development of positive expectations for the child then becomes important in advocating placement in and continued progress toward less restrictive environments. Thus the parents who are in accord with the concept of mainstreaming that underlies the law are those who acknowledge the

child's handicap but are confident that he or she will be increasingly able to function in settings with nonhandicapped peers.

For parents of more severely handicapped children, the development of positive expectations seems to depend partly on perceiving ways in which the child is similar to nonhandicapped children. In one case, (05), the parents see a profoundly orthopedically handicapped daughter as more normal than other handicapped children, despite her conspicuous disability. They are adamant in seeking a mainstreamed placement as soon as one becomes available. In other cases, successful treatment and mainstreaming of handicapped older children have demonstrated the value of the LRE. The academic achievements of nonhandicapped children in the family may help establish high aspirations for the handicapped child. Parents' own experiences in school also help shape their attitudes toward mainstreaming; parents who themselves overcame handicaps, for example, may be more favorable to LRE placements for their children. In general, parents who advocate LRE placement--including most parents of less severely handicapped children--do not want their children placed in separate classes or permanently labeled as handicapped, but they do accept the need for special services to help their children adapt progressively to the regular education program.

Of course, implementing the LRE provisions depends on the availability of a spectrum of placement options. This LEA offers a wider range of placements at the elementary level, where most handicapped children receive services supplementing their regular classes, than at preschool, where there are really only two possible placements within the public schools. As more and more children of preschool age with special educational needs are identified, the composition of these two groups has shifted. Now one group is composed

exclusively of handicapped children and the other nearly so. Without additional services, the LRE provision may become impossible to implement.

The child's educational prognosis and actual performance are central to placement decisions. Parents and school personnel alike are more apt to consider regular classroom placements when evaluation has shown the child's potential for responding rapidly to treatment in a less restrictive environment. LRE placements seem to be most readily advocated when assessments demonstrate normal or near normal intellectual capacity. The handicap is then likely to be viewed as an impediment to achieving academic potential, but one that can be reduced in less restrictive settings. As the child enters his or her placement, formal or informal evidence of progress toward normal academic performance becomes increasingly important in maintaining confidence in the LRE concept.

Some of the parents of handicapped children acknowledge the child's disability but expect so little of remediation that integration seems unrealistic to them. The ability of school staff to emphasize with parents, to view them as partners in treatment, and to convey positive expectations about the child's progress are important in encouraging parents to raise their own expectations and accept LRE placements. In case 11, the mother views her child with Down's Syndrome as part of a handicapped population --"these children"--that has little in common with normal children. Because she had kept the child isolated, an LRE placement originally seemed both to threaten the child's safety and to tax the mother's ability to release him into the outside world. Her conception of an appropriate educational placement differed little from a modified institutional placement, in which the child would be taught self-help skills along with others like himself.

However, the child's teacher has consistently supported the mother and reported positively about the child's progress. These efforts have helped the mother accept--and even hope for--the possibility of a less restrictive environment for the child. She remains somewhat ambivalent, however; and because she cannot come to terms with her son's disability, she has also been unable to develop consistent educational expectations.

In another maladaptive case (13), the parents deny the seriousness of the child's handicap; they grudgingly acknowledge a minor disability but reject the need for special services to remediate it. They regard the services their three other handicapped sons received as unsuccessful and even harmful, something to be avoided for their youngest son. This rejection of services runs counter to the spirit of mainstreaming that underlies the law. Rather than viewing special services as a means of remediating a handicap so that the child can flourish in a regular education program, these parents resigned themselves to academic failure; they believe special services to make little difference in academic performance, bringing only more intrusion into a stressful family life. Moreover, the poor initial progress of the child seemed to bear them out. The stage seems set for future educational failure. An adaptive conception of mainstreaming appears to require acceptance of the child's handicap and a desire to treat it; only then does treatment in the least restrictive environment make sense.

ADVOCACY FOR CHILDREN'S RIGHTS

The assumption that parents and school staff will act in the interest of the child pervades the legislation, but the most relevant provisions are those that facilitate advocacy by involving parents and by ensuring due process. The provisions for parent involvement have been listed under

"Parent-School Partnership" above; those assuring due process include the following:

- The educational agency must apply a regular, uniform procedure that extends between referral and the provision of a free, appropriate public education for each handicapped child. (Sec. 121a. 501)
- The procedure must have built-in safeguards for the rights of parent and child, to include:
 - (a) Written notification a reasonable time before any initiation or change (or refusal to initiate or change) of identification, evaluation, placement or educational treatment. (Sec. 121a. 504(a), 121a. 505)
 - (b) An opportunity for parents to refuse consent before conducting a preplacement evaluation, or before initial placement; however, consent cannot be required as a condition for any other service. (Sec. 121a. 504(b))
 - (c) Assurance, insofar as possible, of an opportunity for parents to participate in meetings at which a child's individualized education program is developed, reviewed or revised. (Sec. 121a. 345)
 - (d) Opportunity for the parents to examine all education records for the child, and to request amendment of any records believed to be inaccurate, misleading or in violation of the child's rights. (Sec. 121a. 502(a), 121a. 567(a))
 - (e) The right to reevaluation, or to an independent educational evaluation of the child, if the parents disagree with an evaluation obtained by the public agency. (Sec. 121a. 503)
 - (f) The right to a due process hearing in case of disagreement with any decisions; the hearing to be conducted by an impartial hearing officer within 45 days. Parents have specific rights in such hearings. (Sec. 121a. 506-508, 121a. 512(a))
 - (g) The right to appeal and review of hearing findings, and the right to bring civil action. (Sec. 121a. 509-121a. 511)
- The educational agency must provide safeguards to assure the confidentiality of all records and to limit access to them, including:
 - (a) Requiring parental consent before examination of education records by anyone except parents and authorized agency employees. (Sec. 121a. 571(a))

(b) Keeping a record of persons obtaining access to education records; maintaining a list of authorized employees. (Sec. 121a. 563, 121a. 572(d))

(c) Assigning one agency employee to be responsible for maintaining confidentiality. (Sec. 121a. 572(b))

(d) Informing parents when information collected is no longer required for educational purposes; destroying records no longer required at parents' request. (Sec. 121a 573(a)-(b))

One finding seems clear. The presence of someone--parent, school staff member, or professional--who acts as advocate for the child is an important determinant of placement decisions and parent-school adaptation. It does not, however, assure effective advocacy in every case. We have examined the factors that influence adaptation and have found the following most relevant to the character of advocacy in each case:

Family Characteristics

- Family Unity
- Distribution of Parental Responsibilities
- Parents' Self-Image
- Parents' Expectations for Services
- Parents' Educational Values
- Parents' Attitude Toward Professionals
- Parents' Attitude Toward Schools
- Parents' Attitude Toward Procedures

Characteristics of LEA Personnel and Procedures

- Expectations of Families
- Empathy with Parents
- Responsiveness to Pressure

The parents who make the best advocates for their child tend to support each other, agree on their child's needs and the nature of the handicap, and present a united front in seeking services. By discussing the child's situation, they have gained a clear notion of at least the general types of services needed. They may not both participate directly in PL 94-142 activities, although in several adaptive cases both parents attended IEP meetings. Most

of the time the mother is the primary spokesman, and is more familiar with procedures and school personnel than the father. In most cases of adaptation, though, the father makes some effort to discuss the status of the case with the mother, review relevant documents, and spend some time in educational activity with the child.

Advocacy entails more than just participation in meetings and the formulation of educational objectives; it also involves attitudes toward education, professionals, and procedures. To take the advocate's role, parents must first view education in general and special services in particular as a right worth pursuing. In adaptive cases, parents often seek professional advice and are not intimidated by professional terms or credentials. They view school professionals as colleagues but are not afraid to insist on what they consider to be their or their children's rights. They are at ease, often from their own occupational experiences, with prescribed administrative procedures; they recognize the utility of formal meetings and documents in reaching and assuring consensus on their child's diagnosis and treatment.

LEA staff need not be uncomfortable with parents who are strong advocates, although their initial reaction may be one of annoyance. In one case (07), school staff became defensive when the parents had a professional advocate attend an IEP meeting, and remained so when they pushed for additional aid and then for independent evaluation. School personnel were also angered when the parents in case 13 sought an independent evaluation. In general, however, staff tend to be favorable toward parents who seem concerned about their child's welfare and informed about the provisions of the law. One important component of this attitude is their view that they are themselves advocates for the child, and that, like themselves, parents who also act

as advocates give priority to the child's interests. One specialist, herself the mother of handicapped children, felt enough common ground with an insistent mother to encourage her to continue her advocacy--an attitude probably facilitated because the parents' demands could be accommodated easily by existing service options. The adaptive cases confirm that school personnel are more willing to "bend the rules" and compromise with parents whom they see as reasonable people, making moderate demands and willing to work through the system to achieve them. Hence, school personnel are likely to respond more favorably to insistent parents who express their grievances directly in conferences than to more quiet parents who turn to outside advocates.

In some cases, family characteristics may impede the effectiveness of parents' advocacy. Parents may disagree about the child's need for services, or one parent may carry the burden of participating in educational decisions. Parents may attribute the child's handicap to heredity or their child-rearing practices and be too preoccupied with guilt to work effectively to obtain services. Alternatively, they may put other family problems ahead of the child's needs, or refuse to acknowledge a need for services; they may be over-protective of the child, or they may not pay enough attention to the handicap. Effective advocacy appears to depend on a balanced perspective of the child's needs relative to other family concerns.

In the maladaptive cases, parents' attitudes toward the school and professionals tend to be ambivalent or hostile. In case 11, school personnel threaten to usurp the mother's role, and she has avoided professional advice. In case 13, the parents have developed an enmity for any professional intervention, and their attitude toward procedures is cavalier at best, distrusting at worst. Here the mother has the sheer determination to be a forceful advocate, but a

combination of family dynamics and ignorance or hostility toward outsiders prevents her from making use of the system.

Certainly the expectations of LEA personnel toward this family, based on experience and on frustration with the case of the youngest child, have discouraged them from taking an advocacy role. In some cases, on the other hand, school personnel seem to take particular interest in children whose families they consider unresponsive. However, their ability to devote the time and effort needed for effective advocacy is constrained by their case load and other job responsibilities, and they often express frustration with administrative demands that detract from direct services to children and families. In this context, the patience of school staff is quickly exhausted by families that do not respond to what the specialists see as their best efforts at communication.

IMPLICATIONS

Throughout this report we have endeavored to minimize the normative connotations of the concept of adaptation. On the one hand, adaptation is not synonymous with "harmony" or "good feelings." Although these may result from adaptive patterns, accommodation may be reached only after considerable tension and conflict. Indeed, some willingness on the part of parents to insist on their demands and disagree with school personnel if necessary--provided the demands seem reasonable and are channeled through established procedures--may eventually promote adaptive family-school relations. On the other hand, adaptation does not necessarily ensure appropriate placements for children or long-term educational benefits. Although it generally seems to lead to higher-quality educational services, this is not always the case. Agreement that

comes too readily, or that is not based on informed judgment of the child's capabilities, may result in the antithesis of the intent of the law.

One of our concerns in this report has been to show that parents and school personnel do not always share the concepts underlying PL 94-142. Most parents and staff are concerned primarily with the ultimate goal of the law: delivery of the most appropriate educational services to each handicapped child. They deem the specific provisions of the law as relevant only when they appear to facilitate (or impede) the delivery of services. Yet many--perhaps most--parents of handicapped children concur with the principles of parent-school partnership, individualization, mainstreaming, and advocacy of children's rights that are fundamental to the legislation. On these shared assumptions, through interaction both within and outside the prescriptions of the law, families and school staff usually reach accommodation on the needs and treatment of children.

For some families, however, the fundamental precepts of the law do not come naturally. Schools and professionals may appear distant at best and alien, intrusive, and imposing at worst; education may mean submission to discipline and rules rather than individual fulfillment; special services as a bridge to regular education programs may seem either unnecessary or futile; and children's rights may be lost amid family disunity or the more pressing concerns of other family members. In such cases, for school staff to proceed as though families shared their own assumptions--or to view the families' differing values as signs of irrationality or incompetence--can only delay fulfillment of the intent of the law. If an appropriate goal is to improve the chances for adaptation, an initial step might be to make the assumptions of the legislation as explicit as possible so that school staff and parents

can distinguish their points of fundamental agreement from those that require further negotiation.

A second concern in this report has been to show that the reasons for differing assumptions sometimes go beyond a mere lack of information or failure to communicate. Parents' involvement in PL 94-142 is shaped by an ensemble of family dynamics and social relationships, which are themselves colored by the parents' personal experiences and values. The approach of school personnel is shaped by their attitudes toward both families and administrative responsibilities, as well as by the institutional and educational framework in which they operate. Handicapped children, as the foci of parent and staff concern, influence events through adult perceptions of their personalities, capabilities, and performance. In such a complex system, factors not apparent to someone only superficially acquainted with each case may have profound implications for the implementation of the law and the outcome of services for the child.

A second conclusion, then, is that in some cases fulfillment of the intent of the law may require support for the family beyond that now normally provided by LEA staff. The adaptive cases we have considered demonstrate the importance of school personnel who give sympathetic, knowledgeable counsel to families, sometimes beyond the bare requirements of their jobs. Often, however, the pressure of other responsibilities and the lack of appropriate training preclude the extensive involvement with families that some cases demand. To what extent the provision of such support is a matter of changing the law or its regulations, and to what extent one of staff additions or training at the local level, is a question that must be deferred until more is known about the long-term consequences of involvement with the law.

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APPENDIX A

CRITERIA FOR COMPLIANCE WITH FEDERAL AND MASSACHUSETTS IEP
REGULATIONS

CRITERIA FOR COMPLIANCE WITH FEDERAL AND MASSACHUSETTS IEP REGULATIONS

I. SCHEDULING

1. Was an IEP meeting held within 30 calendar days of a determination that the child needed special education and related services? [121a.343(c)]
2. Was the IEP completed within 30 working days after receipt of the parents' consent for evaluation of the child? [Mass. 319.0]

II. PARENT PARTICIPATION

1. Were the parents notified of the meeting early enough to insure that they had an opportunity to attend? [121a.345(a)(1)]
2. Was the meeting scheduled at a mutually agreed on time and place? [121a.345(a)(2)]
3. Did the notice indicate the purpose of the meeting? [121a.345(b)]
4. Did the notice indicate the time of the meeting? [121a.345(b)]
5. Did the notice indicate the location of the meeting? [121a.345(b)]
6. Did the notice indicate who would be in attendance at the meeting? [121a.345(b)]
7. If the parents spoke a native language other than English, or were unable to read, blind, or deaf, was the notice in the parents' primary language or mode of communication? [Mass. 203.0]
8. If the parents did not respond to or rejected the notice, did the public agency make other efforts, such as telephone calls or home visits, to try to persuade the parents to attend? [121a.345(d); Mass. 210.0]
9. If the public agency was unable to persuade the parents to attend, did it notify the Regional Branch Office of the State Division of Special Education within ten days? [Mass. 210.0]
10. If the parents were deaf or spoke a native language other than English, did the public agency arrange for an interpreter at the meeting? [121a.345(e)]

III. MEETING PARTICIPANTS

1. If the person making the referral was a teacher, did that teacher attend? [Mass. 311.5]
2. Did the child's current or recent teacher attend? [121a.344(a)(2); Mass. 311.5]
3. Did one or both parents attend? [121a.344(a)(3); Mass. 311.7]

4. Did a representative of the public agency, other than the child's teacher, who was qualified to provide or supervise special education attend? [121a.344(a)(1)]
5. If a regular or special education teacher who will be teaching the child is known, did that teacher attend? [Mass. 311.8]
6. If a consulting teacher who may assist in implementing the IEP is known, did that teacher attend? [Mass. 311.9]
7. If participants intended to make a vocational education placement, did a vocational educator attend? [Mass. 311.11]
8. If the participants thought it appropriate, did the child attend? [121a.344(a)(4); Mass. 311.12]
9. If an "intermediate" evaluation, did all persons who have conducted assessments attend? [Mass. 311.0]
10. If a "full" evaluation, did a registered nurse, qualified social worker, or guidance or adjustment counselor attend? (Mass. 311.2)
11. If a "full" evaluation, did a psychologist attend? [Mass. 311.3]
12. If a "full" evaluation, did a physician or designee (another physician or a registered nurse) attend? [Mass. 311.4]
13. If a "full" evaluation, did an administrative representative of the school department attend? [Mass. 311.6]
14. If a "full" evaluation and the parents requested, did an outside professional working with the child attend? [Mass. 311.10]
15. If a "full" evaluation and the chairperson or administrator of Special Education requested, did another professional working with the child attend? [Mass. 311.14]
16. If a "full" evaluation and the child was three or four years old, did an early childhood specialist attend? [Mass. 311.13]
17. If the child is in a private school, did a representative of the private school attend? [121a.348(b); Mass. 205.2(a)]
18. Did the administrator of Special Education designate a chairperson from among the meeting participants? [Mass. 311.1]

IV. IEP CONTENT

1. Did the participants state the child's present performance level? [121a.346(a); Mass. 322.1(a)]
2. Did the participants state the measurable physical constraints on the child's performance? [Mass. 322.1(b)]

3. Did the participants describe the child's learning style? [Mass. 322.1(c)]
4. Did the participants state general (annual) and specific (quarterly) educational objectives for the child? [121a.346(b); Mass. 322.1(d)]
5. Were the objectives measurable? [Mass. 322.1(d)]
6. Were the objectives listed in order of priority? [Mass. 322.1(d)]
7. Did the participants suggest the methodology and teaching approach for meeting the general objectives? [Mass. 322.1(e)]
8. Did the participants state the types and amounts of special and related services needed to enable the child to achieve the objectives? [121a.346(c); Mass. 322.1(f)]
9. Did the statement specify services in terms of periods per day and per week? [Mass. 322.1(f)]
10. Did the statement specify the duration and frequency of the periods of special and related services [121a.346(d); Mass. 322.1(f)]
11. If the participants recommended parent-child instruction, did they specify the types and amounts of services the parent was to be trained to provide? [Mass. 323.1(a)]
12. If the participants recommended parent-child instruction, did they specify the types and amounts of support services the parent would require? [Mass. 323.1(b)]
13. Did the participants state the physical education services for the child? [Mass. 322.1(h)]
14. Did the participants state the types of specialized materials and equipment needed to enable the child to achieve the objectives? [Mass. 322.1(i)]
15. Did the participants specify whether the particular services for the child should be provided in a classroom setting, a small group, or on an individual basis? [Mass. 322.1(j)]
16. Did the participants recommend the daily duration of the child's program? [121a.346(d); Mass. 322.1(k)]
17. Did the participants recommend the number of days per year on which the child's program should be provided? [121a.346(d); Mass. 322.1(l)]
18. If the number differed from the number of days in the regular school year, did the participants provide justification? [Mass. 322.1(l)]
19. Did the participants state the child's transportation needs? [Mass. 322.1(m), 902.1]
20. Did the participants state whether the child could be transported in regular vehicles? [Mass. 902.2]

21. If the child could be transported in regular vehicles, did the participants specify conditions for safe transport (e.g., modification of vehicles, special equipment, precautions)? [Mass. 902.3]
22. If the child could not be transported in regular vehicles, did the participants specify the type of vehicle to be used and the conditions for safe transport? [Mass. 902.4]
23. Did the participants state the criteria for the child's movement to the next less restrictive placement prototype? [Mass. 322.1(n)]
24. Did the Administrator of Special Education state whether the objectives set by the participants required special education not available within the regular program? [Mass. 322.2]
25. Did the Administrator of Special Education state the reasons for this conclusion? [Mass. 322.2]
26. If the child required special education, did the Administrator of Special Education state the prototype and the specific program within the prototype through which special education would be provided? [Mass. 322.2]

For each educational objective, service, and type of specialized materials or equipment recommended by the participants, did the Administrator of Special Education specify:

27. The personnel who were to provide the service? [Mass. 322.3(a)]
28. The location at which the service was to be provided? [Mass. 322.3(b)]
29. Whether the service could be provided within the regular education program? [121a.346(c); Mass. 322.3(c)]
30. A schedule reflecting the amounts, types, duration, and frequency of services, in accordance with participants' recommendations? [121a.346(d); Mass. 322.3(d)]
31. The specialized materials and equipment to be provided, in accordance with participants' recommendations? [Mass. 322.3(e)]
32. The starting date for each service? [121a.346(d); Mass. 322.3(f)]
33. If the daily duration of the child's program was different from that usually specified for the child's prototype, did the Administrator of Special Education state the expected daily duration? [Mass. 322.4(a)]
34. If the Administrator of Special Education provided such a statement, was justification given? [Mass. 322.4(a)]
35. If the number of days per year on which the child's program was to be provided differed from the public school year and the child was to be placed in a day or residential school, did the Administrator of Special Education state the number of days on which the program would be provided? [Mass. 322.4(b)]

36. Did the Administrator of Special Education state the provisions of the child's transportation plan, in accordance with participants' recommendations? [Mass. 322.4(c)]
37. Did the Administrator of Special Education describe the methods and criteria to be used in monitoring the child's progress toward achieving the objectives and in evaluating program adequacy? [121a.346(e); Mass. 322.4(d)]
38. Did the Administrator of Special Education state the support services to be provided the classroom or special education teachers and the methods and types of personnel to provide support services? [Mass. 322.4(f)]
39. If the child was to be placed in a substantially separate program, did the Administrator of Special Education state the activities for which the child would be temporarily integrated into the regular education program? [121a.346(c); Mass. 322.4(e)]
40. If the participants recommended parent-child instruction, did the Administrator of Special Education specify the types of personnel to train and support parents? [Mass. 323.1(c)]
41. If the child was to be placed in a day or residential school, did the Administrator of Special Education state that the school could provide the services specified? [Mass. 323.3]
42. If the child was to be placed in a day or residential school, did the director of the school sign the IEP? [Mass. 323.3]

V. DIAGNOSTIC PROGRAM (Massachusetts regulations only)

1. Did the IEP participants prepare a list of specific questions about the child that the personnel conducting the program would attempt to answer? [Mass. 502.9(b)(i)]
2. Did the participants list the diagnostic procedures for answering those questions? [Mass. 502.9(b)(ii)]
3. Did the participants specify the types and amounts of services needed to conduct the program? [Mass. 502.9(b)(iii)]
4. Did the Administrator of Special Education specify the personnel to conduct the program? [Mass. 502.9(c)]
5. Did the personnel conducting the program document the diagnostic procedures and results obtained? [Mass. 502.9(c)(ii)]
6. Did the personnel conducting the program meet with the IEP participants at least twice? [Mass. 502.9(c)(iii)]
7. Did the personnel conducting the program correspond weekly with the IEP participants? [Mass. 502.9(c)(iii)]

8. If the Administrator of Special Education did not state otherwise, was the daily duration of the child's program equal to the regular school day? [Mass. 502.9(d)(ii)]
9. Was the child in the program for no more than eight weeks? [Mass. 502.9 (d)(iii)]
10. Did the IEP participants meet to write an IEP five days before the end of the program? [Mass. 502.9(d)(iv)]
11. Were the personnel conducting the program added to the IEP participants? [Mass. 502.9(d)(iv)]
12. If the Administrator of Special Education did not previously determine that the child qualified for placement in a day school, residential school, or preschool program, was the diagnostic program conducted within a public school regular education facility? [Mass. 502.9(e)]

VI. NOTICE TO PARENTS, PARENT RESPONSE, AND INDEPENDENT EVALUATION

1. Did the school committee send two copies of the IEP or of a statement that the child did not need special education to the parents within ten days of completion of the IEP or finding of no need for special education? [Mass. 324.0]
2. Did the school committee send a notice to the parents within ten days of completion of the IEP or finding of no need for special education? [Mass. 324.0]
3. Was the notice sent a reasonable time before the public agency proposed or refused to initiate or change the child's placement? [121a.504(a)]
4. Did the notice (or accompanying IEP or statement) describe the action proposed or refused by the public agency? [121a.505(a)(2)]
5. Did the notice (or accompanying IEP or statement) explain why the agency proposed or refused to take the action? [121a.505(a)(2)]
6. Did the notice (or accompanying IEP or statement) describe any options the agency considered and the reasons those options were rejected? [121a.505(a)(2)]
7. Did the notice (or accompanying IEP or statement) describe each evaluation procedure, test, record, or report the agency used as a basis for its proposal or refusal? [121a.505(a)(3)]
8. Did the notice state that the parents have the right to meet within thirty days with the Administrator of Special Education, the IEP chairperson or liaison, or all IEP participants to discuss the IEP? [Mass. 324.1]
9. Did the notice state that the parents or their representative may inspect all papers relevant to the evaluation, including written assessments? [121a.502; Mass. 324.2]

10. Did the notice state that the parents may obtain an independent evaluation from certain specialists at public expense or from any specialist at private expense? [121a.503; Mass. 324.3]
11. Did the notice state that, within thirty days, the parents could accept or reject the IEP or finding of no need for special education in whole or in part; accept a modified IEP; or postpone a decision on the IEP or finding of no need for special education until after an independent evaluation? [Mass. 324.4, 325.1]
12. Did the notice explain the appeals process? [121a.505(a)(1), 506-513; Mass. 324.5, 400-411]
13. Did the notice state that parents' rejection of the IEP or finding of no need for special education constitutes notice to begin preappeal procedures? [Mass. 324.5]
14. Did the notice state that failure by the parents to respond within thirty days might result in further efforts by the school committee to contact parents, notification of the Regional Branch Office, or Bureau of Special Educational Appeals, or a request for a parent-school conference? [Mass. 324.6]
15. Was the notice written in language understandable to the general public? [121a.505(b)(1); Mass. 203.0]
16. If the parents spoke a native language other than English or were unable to read, blind, or deaf, was the notice in the parents' primary language or mode of communication? [121a.505(b)(2), 505(c); Mass. 203.0]
17. If the parents rejected the IEP or finding of no need for special education, did the school committee notify the Bureau of Special Educational Appeals within five days? [Mass. 400.1]
18. If the parents did not respond within thirty days, did the school committee notify the Bureau of Special Educational Appeals or the Regional Branch Office? [Mass. 400.2, 210.0]
19. If the parents requested an independent evaluation, was it completed and reported within thirty days of the parents' request? [Mass. 328.2]
20. If the parents requested an independent evaluation equivalent to the original and at an "approved facility," did the school committee pay for the evaluation? [121a.503(b); Mass. 328.3]
21. If an independent evaluation was conducted at school committee expense, was a report of the evaluation sent to the parents? [Mass. 328.4]
22. If an independent evaluation was conducted at school committee expense, was a report of the evaluation sent to the IEP chairperson? [Mass. 328.4]
23. If an independent evaluation was conducted did the Administrator of Special Education reconvene the IEP meeting? [Mass. 328.4]

24. Was the meeting reconvened within ten working days of receipt of the evaluation report by the IEP chairperson? [Mass. 328.4]
25. If the participants wrote a new or modified IEP, were two copies sent to the parents within ten days of the meeting? [Mass. 328.4]
26. Did the parents accept or reject the new, modified, or original IEP within thirty days of the meeting? [Mass. 329.0]

VII. IMPLEMENTATION

1. Was the child placed immediately upon parental consent to the IEP? [121a.342.(b)(2); Mass. 330.1]
2. Was the child placed after (not before) parental consent to the IEP? [121a.342(b)(1); Mass. 330.1]
3. If the child was in a regular education program at the time of referral, did the child remain there until parental consent to the IEP? [121a.342(b)(1), 531, 513(a); Mass. 327.1]
4. If the child was in a special education program and the parents did not request placement in a regular program, did the child remain in the special education program until parental consent to the IEP? [121a.513(a); Mass. 327.2]
5. If the child was in no program and was above the minimum school attendance age, was the child placed in a program agreed on by the school committee and the child's parents until parental consent to the IEP? [121a.513(b); Mass. 327.3]

VIII. LIAISON, MONITORING, AND REVIEW

1. Did the IEP participants designate a liaison from among the persons providing services to the child? [Mass 337.0]
2. Did the liaison submit quarterly written reports on the child's progress toward the IEP goals to the IEP chairperson? [Mass. 337.1]
3. Did the liaison submit quarterly written reports on the child's progress toward the IEP goals to the parents? [Mass. 337.1]
4. Did the liaison submit quarterly written reports on the child's progress toward the IEP goals to the administrator of the child's school? [Mass. 337.1]
5. If the liaison recommended a modification of the IEP, did the Administrator of Special Education and the IEP chairperson modify the IEP? [Mass. 337.2]
6. If the IEP was modified, did the parents consent to the modification? [Mass. 337.2]
7. If the liaison recommended reevaluation of the child, did the Administrator of Special Education arrange for reevaluation? [Mass. 337.3]

8. If a reevaluation was arranged, did the parents consent? [Mass. 337.3]
9. Was a meeting held to review the IEP? [121a.343(d); Mass. 333.0]
10. Did the meeting occur within ten months of the child's initial placement or, in subsequent years, on or before the anniversary of IEP implementation? [Mass. 333.0]
11. Did the Administrator of Special Education invite the parents in writing to attend the meeting? [Mass. 333.1]
12. Was the invitation to the parents sent at least ten days before the meeting? [Mass. 333.1]
13. Did the Administrator of Special Education attend the meeting? [121a.344(a)(1); Mass. 333.1]
14. Did one or both parents attend the meeting? [121a.344(a)(3); Mass. 333.1]
15. Did the providers of major services to the child attend the meeting? [121a.344(a)(2); Mass. 333.1]
16. Did the meeting participants determine whether the child had achieved the goals of the IEP? [Mass. 333.2(a)]
17. Did the meeting participants determine whether the child had met the criteria specified in the IEP to enter a less restrictive program? [Mass. 333.2(b)]
18. Did the participants determine whether the child's program should be modified? [Mass. 333.2(c)]
19. Did the participants determine whether the child should be referred for reevaluation? [Mass. 333.2(d)]
20. If the child had not been evaluated for three years, did the participants refer the child for reevaluation? [121a.534; Mass. 334.0]
21. If the child was to be placed in a more restrictive program, did the participants refer the child for a "full" evaluation? [Mass. 333.2(d)]
22. If the child was referred for reevaluation, did the parents consent? [Mass. 333.2(d)]
23. If the child was referred for reevaluation, was a written summary of the review meeting sent to the parents within ten days of the meeting? [Mass. 333.3]
24. If the child was referred for reevaluation, did the meeting participants and persons conducting assessments write a new IEP? [Mass. 335.2]
25. If the child was referred for reevaluation, was a new IEP written within thirty working days of receipt of the parents' consent for reevaluation? [Mass. 333.3, 334.0, 319.0]

26. If the child was not referred for reevaluation, did the meeting participants write a new IEP? [Mass. 335.1]
27. If the child was not referred for reevaluation, was a new IEP written within ten months of initial placement or, in subsequent years, on or before the anniversary of IEP implementation? [Mass. 335.1]
28. Did the new IEP determine whether the child's program should be continued in substantially similar form, continued in substantially different form, or terminated? [Mass. 335.1]
29. If the child's program was to be terminated, did the person who would be the child's primary teacher in the new program participate in writing the IEP? [Mass. 335.1(c)]
30. If the child's program was to be terminated, did the person who would be the teacher's primary assistant in the new program participate in writing the IEP? [Mass. 335.1(c)]
31. If the child was in a day or residential school program and the IEP continued or changed the child's placement, was a copy of the new IEP sent to the Regional Branch Office of the State Division of Special Education? [Mass. 335.3]
32. Did the new IEP conform to all the requirements of an original IEP? [Mass. 335.4]
33. Were the rights of parents with respect to an original IEP applied to the new IEP? [Mass. 335.4]